DOCUMENT RESUME

ED 135 171 EC 093 053

TITLE	Protective Services for Abused and Neglected Children and Their Families. A Guide for State and Local Department of Public Social Services on the Delivery of Protective Services.
INSTITUTION	Community Research Applications, Inc., New York, N.Y.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
REPORT NO	SRS-77-23042
PUB DATE	[77]
CONTRACT	SRS-500-76-0005
NOTE	135p.
EDRS PRICE	MF-$0.83 HC-$7.35 Plus Postage.
DESCRIPTORS	Checklists; *Child Abuse; Child Advocacy; *Community Programs; Community Resources; Definitions; *Delivery Systems; Exceptional Child Services; Family Problems; Guidelines; Information Dissemination; Program Administration; Program Budgeting; *Program Development; Program Guides; *Program Improvement; Social Services; Staff Utilization; *State Programs
IDENTIFIERS	*Neglected Children

ABSTRACT

Provided is a guide to assist state and local agencies in improving the administration and management of services to abused and neglected children and their families. Protective services at the state level are covered in the first section, including such topics as organization; initiating and reacting to proposed state legislation; developing working definitions of child abuse and neglect, formulating policy, and setting standards for local protective services programs; serving as an information clearinghouse; and developing a budget. The second section on protective services at the local level includes nine chapters on the following topics: definitions (of physical abuse, sexual abuse, neglect, and emotional abuse or neglect); organization and staff structure; assessment, investigation, and validation; case management; supportive and treatment services (including medical, foster care, and emergency services); resource development and interagency coordination; staff development, training, and supervision; public education and information; and recordkeeping and other management tools (including accountability, planning, and evaluation). Checklists for state and local agencies are provided, and a glossary of terms and a listing of HEW regional offices are appended. (IM)

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PROTECTIVE SERVICES for Abused and Neglected Children and Their Families

A Guide for State and Local Departments of Public Social Services on the Delivery of Protective Services

EC093053

FOREWORD

The protection of children from abuse and neglect has always been a State and local responsibility. With this guide, the Public Services Administration (PSA) continues its efforts to bring the "best thinking" to help the States and localities meet this responsibility.

Protective services are provided through a network of State and local public and voluntary agencies; many of the services are partially funded through PSA-administered Titles IV-A, IV-B, and XX of the Social Security Act.

In 1973, HEW placed the problem of abused and neglected children among its top priorities. Concern over the impact protective services programs were making on the problem led to a number of Departmental initiatives. One of these was to make an analysis of State and local programs charged with providing protective services. This analysis revealed such problems as: a lack of clarity in defining abuse and neglect; lack of cooperation and coordination among agencies involved with child abuse and neglect services; uneven availability of services and resources; insufficient numbers of staff and lack of specialized training of staff; uneven public awareness of the problem and of approaches to its solution; and numerous administrative problems.

Thus, a contract (SRS-500-76-0005) was let to Community Research Applications Inc. -- a New York based firm with extensive experience in the field of child abuse and neglect -- to develop a guide that would address these issues at both the State and local levels. Monica Holmes, Ph.D., was Project Director; her colleagues were Douglas Holmes and Donna Tapper. Assisting them from PSA's Central Office were Mildred Arnold, Geraldine McKinney, and Virginia White; from the Regional Offices, James Vaughn (Region IV) and David Haffie (Region X).

A panel of experts was convened to assist in the design, content, and review of the guide. Site visits and discussions with HEW Central and Regional Office staff contributed information and understanding of the public agencies' roles in providing protective services. It should be noted here that the opinions expressed in this guide are those of the authors; they are not necessarily those of the Department.

This guide is directed toward assisting State and local agencies to improve the administration and management of services to abused and neglected children and their families, although it is recognized that protective services is increasingly being viewed as a highly specialized program. The effectiveness of such a program is enhanced when its efforts are coordinated with a strong child welfare program -- one that provides the range of services parents need in order to more adequately fulfill their roles as parents and, when necessary, provides appropriate supplementary and substitute care for children at risk. Protective services should not be used as a substitute for the basic child welfare services that all communities need.

PSA hopes this guide will prove valuable to States in their efforts to provide protective services to abused and neglected children and their families.

Carolyn Betts
Commissioner
Public Services Administration

ACKNOWLEDGMENTS

The Public Services Administration and Community Research Applications, Inc., wish to express their appreciation for the invaluable assistance in the development of this guide provided by the panel of expert consultants:

Jeanne Bowman, Deputy Commissioner, Department of Human Services, Nashville, Tennessee
H. Frederick Brown, Associate Professor, Jane Addams School of Social Work, University of Illinois, Chicago, Illinois
Lawrence C. Brown, Associate Director, American Humane Association, Denver, Colorado
James S. Cameron, Director, Child Protective Services, New York State Department of Social Services, Albany, N. Y.
Phillip Dolinger, Program Supervisor, Child Protective Services, Hennepin County Welfare Department, Minneapolis, Minnesota
Isobel MacDonald, Services Supervisor, Clare County, Harrison, Michigan
Sharrell Munce, Director, Children's Trauma Center, Oakland, California

Thanks is also extended to the New York State Office on Protective Services, to the Monroe County, New York, Department of Social Services, and to the Los Angeles County Department of Social Services for the many hours of administrative, supervisory, and staff time which they gave to this effort.

We also wish to acknowledge the contributions of the following Federal officials from the Office of Child Development, HEW: Mr. Douglas Besharov, Director, National Center on Child Abuse and Neglect (NCAAN); Mr. Jay Olsen, NCAAN; and Ms. Celia Sudia, Division of Research and Evaluation, OCD.

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PROTECTIVE SERVICES FOR ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES

INTRODUCTION TO THE GUIDE

When a family has become dysfunctional to the point that it cannot protect its children from physical or emotional harm -- or that it cannot provide children with the basic necessities of life in terms of food, clothing, shelter, and supervision -- then protective services are necessary.

The local protective services system should include around-the-clock capability for receiving reports, for responding immediately, for assessing family functioning and family needs, for providing casework services, and for the delivery and/or referral, coordination, and monitoring of whatever other services are necessary in order to preserve family unity and to ensure the safety, well-being, and emotional nurture of the children. Protective services should be available to all families -- not just to those that are, or are likely to become, candidates for income assistance.

This guide has been developed for the purpose of assisting State and local administrators in public welfare and social service departments in developing a responsive and comprehensive protective services program. The guide, which seeks to represent the "best thinking" to date regarding the organization, functions, and practices of the protective services system, is recommended for guidance purposes only.

"Protective Services for Abused and Neglected Children and Their Families" consists of two major sections: one is addressed to administrators and program planners in State offices; the other, to administrators and program planners at the local level. By combining both sections into one document, those at the State level can be informed not only about the functions appropriate to this level, but also about the functions appropriate to the local level, and vice versa. Hopefully, this approach will promote general awareness of the necessary tasks and standards associated with both levels for the development and operation of an effective protective services program.

State administrators can use the guide in defining their roles in meeting the State's responsibility for protective services. Through heightened awareness of effective program organization at the local level, States can develop plans and procedures to help local departments to develop and maintain quality protective services programs and to follow up and monitor progress toward the achievement of this goal.

Local administrators can use the guide in developing their own programs, especially by helping to make them aware of what they can legitimately expect and request from the State office. Throughout the guide are specific recommendations regarding not only the "how and what" of protective services, but also the processes and mechanisms by which program changes and innovations can be implemented. Thus, the guide is intended as a practical tool for program planning and administration. Its use should improve the capability of local departments in discharging their protective services responsibilities to families.

At the end of each of the two major sections is a checklist which covers the major points in each section. It is suggested that State and local administrators read through both sections of the guide and then use the checklists initially as a measure of where their program stands in relation to "best thinking" as presented in the guide. Following this first assessment, it is recommended that each administrator call together a small group of individuals who will use the checklists as indicators of possible areas of program change; then the group will begin to discuss such changes as well as new directions for the future. Once existing problems and possible needed changes have been identified, the next step will be to select a problem -- or a closely related set of problems -- and to focus on this one area of change. (It would, of course, be impossible to focus on all areas at once.) Thus, the planning group will need to set priorities, implement a few changes, and assess how effective these changes are before addressing additional areas of change.

SECTION I

PROTECTIVE SERVICES AT THE STATE LEVEL

1.0 INTRODUCTION

The State protective services office has certain responsibilities regardless of whether local protective services are State administered or State supervised. These responsibilities include the following:

- To initiate and react to proposed State legislation as it affects protective services.
- To develop a working definition within the context of the State statute on child abuse and neglect, to formulate policy, and to set standards for local protective services programs.
- To develop linkages (i.e., formal and informal agreements) and to coordinate their efforts with relevant State and Federal agencies and professional associations.
- To serve as an information clearinghouse for local public social service agencies, for professional groups, and for the lay public.
- To perform an advocacy role on behalf of families who need protective services.
- To provide case consultation and technical assistance to local protective services in such areas as data collection, program planning and administration, staff development programs, budget preparation, service delivery, coordination with other agencies, resource development, and establishment of guidelines for and/or development of purchase of service agreements.
- To monitor and evaluate protective services programs.
- To establish a centralized reporting system and registry.
- To develop a budget and to ensure the coordinated use of funding sources.

In order to meet these responsibilities, the State office must exhibit three qualities: availability, responsiveness, and supportiveness. State office staff should make their services and the resources of the office available to local protective services agencies, to other State agencies, and to community representatives. They must be responsive to the needs

of these groups, as well as to those of Federal agencies, providing information and assistance. Finally, the State office must be supportive of local efforts by promoting their strengths and, at the same time, working with them to overcome their weaknesses.

In addition to its support of local efforts and the specific concerns listed above, the State office is accountable for ensuring that the public responsibility for the care and protection of children, as detailed in the State law, is fully met. In order to discharge this responsibility, the State protective services office must ensure that the needs of abused and neglected children and their parents are adequately met within the overall social service system in the public agency.

As discussed in the Introduction to this guide, State directors responsible for protective services are urged to familiarize themselves with the local level section, as well as with the State level section, of this guide; thus, they can develop procedures for supporting local efforts to implement change and upgrade services and service delivery. In State-administered programs, they can ensure that the local guide conforms with other existing State guides. In State-administered programs, some of the activities and functions discussed in various chapters of the local section are actually part of the State responsibility. Therefore, directors of State-administered programs should make a particular point of reviewing the materials discussed in Chapter II on staff organization, Chapter VI on interagency coordination and purchase of service contracts, and Chapter VII on staff training.

2.0 ORGANIZATION

The State department of social services should assign responsibility for directing the protective services program to a unit of the department. This unit should have recognized responsibility for administering and/or supervising child protective services throughout the State, and for coordinating State agency activities. Substantial administrative experience in a social service context, an understanding of the State public agency and its responsibilities and operations, and actual experience in administering a protective services program are all essential qualifications for the position of director of the unit. In addition, if all of the responsibilities set forth in this guide are to be met, the State office will need sufficient and qualified staff.

Because budget formulation is an important role of the State office, there should be at least one staff person who is experienced in preparing budgets and who is familiar with Titles IV-A, IV-B, and XX of the Social Security Act and with other relevant Federal legislation, resources, and requirements. This person should actively participate, as well as play a strong role, in budget formulation and should assist local departments in preparing and reviewing their budgets.

The State director responsible for protective services should work closely with other divisions of the public agency in all matters relating to the planning and delivery of child welfare and other social services, including active participation in policymaking decisions. A primary responsibility of the director is to articulate the needs of protective services within the child welfare system.

The State protective services office should also assign a field representative to each region (or other political subdivisions) of the State. The responsibility of the field representatives is to represent the State office, assuming a liaison, consultative, technical assistance, and monitoring role between the State office and local departments, thus facilitating the flow of information from the State to the local departments and from the local departments to the State.

The State office should take a leadership role in forming a State/local liaison committee or subcommittee. In State public social services agencies that already have active advisory councils, such councils may represent a good vehicle for development of a subcommittee on protective services. Similarly, regional committees which have been formed to review and contribute to the Title XX plan may represent a good source for developing a subcommittee on protective services. This committee or subcommittee should have administrative representation from a range of local programs, including large metropolitan centers, small cities, and large rural counties. The committee should meet at least annually in order to provide information, suggestions, etc., to the State office on possible legislative proposals, to discuss and provide similar input into the development of State standards and administrative guidelines, and to develop plans for the annual regional meetings.

The State should take a leadership role in planning regional meetings. Such meetings provide an opportunity for interaction among administrators, supervisors, and workers from different protective services programs. The purpose of the regional meetings is more fully discussed on page 9.

3.0 INITIATING AND REACTING TO PROPOSED STATE LEGISLATION

The State director responsible for protective services is responsible for initiating and responding to new proposals for legislation. In order to do this, the director must be knowledgeable about existing laws affecting protective services, about the HEW Model Child Protective Services Act, about legislation being proposed by other groups concerned with child welfare, and about technical assistance available for drafting legislation. The State office should develop concept papers which can then be translated into legislative proposals by the staff attorney of the public agency. These proposals or concept papers should state clearly the reasons for advocating a particular piece of legislation (and its implications) in terms of anticipated costs and its effect on local departments and on other agencies. In addition, the State director responsible for protective services should develop a liaison with the State legislature in order

to ensure, if at all possible, that the department's concerns are considered when there are legislative proposals which do not originate within the State protective services office. Review of planned legislation -- and discussion of the implications of such legislation for service deliverers and for protective services clients -- are an essential function. The value of an interagency council in facilitating this process is discussed below.

To ensure the participation of local departments in the formulation of legislation, concept papers should be discussed at least at the annual meeting of the State/local liaison committee. During this meeting, the ideas of local administrators -- and the ways in which their experience suggests limitations and possible changes in the State law -- should also be discussed. Use of the State/local liaison committee for this purpose ensures input in a timely and consistent manner from those who are closest to the actual delivery of services to abused and neglected children and their families.

Once new legislation has been passed, it is the State's responsibility to issue, in a timely and consistent manner, a clear statement as to the implications of the new legislation and procedures to ensure its implementation.

4.0 DEVELOPING WORKING DEFINITIONS OF CHILD ABUSE AND NEGLECT, FORMULATING POLICY, AND SETTING STANDARDS FOR LOCAL PROTECTIVE SERVICES PROGRAMS

The State office should develop working definitions of child abuse and neglect which are consistent with State law. As discussed on page18, it is recommended that each local agency develop, in collaboration with local agency providers, community residents, and clients, its own practice-based guidelines consistent with the State definitions. The broad definition used here is the one developed by the National Center on Child Abuse and Neglect (Office of Child Development, HEW) and used in the Model Child Protective Services Act. According to this definition:

> An 'abused or neglected child' means a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of his parent or other person responsible for his welfare:
>
> Harm to a child's health or welfare can occur when the parent or other person responsible for his welfare:
>
> (i) Inflicts, or allows to be inflicted, upon the child, physical or mental injury, including injuries sustained as a result of excessive corporal punishment; or

(ii) Commits, or allows to be committed, against the child, a sexual offense, as defined by state law; or

(iii) Fails to supply the child with adequate food, clothing, shelter, education (as defined by state law), or health care, though financially able to do so or offered financial or other reasonable means to do so; for the purposes of this Act, 'adequate health care' includes any medical or non-medical remedial health care permitted or authorized under state law; or

(iv) Abandons the child, as defined by state law; or

(v) Fails to provide the child with adequate supervision, or guardianship by specific acts or omissions of a similarly serious nature requiring the intervention of the child protective service of a court.

The State office should develop and disseminate child abuse and neglect regulations to ensure adherence to State law. New regulations, and the administrative guidelines which they generate, should be discussed at regional meetings, thereby providing an opportunity for interchange between State and local program staff regarding interpretation of new regulations and their implications for practice.

The State office should formulate policy, at the same time making a clear statement regarding what is basic and fundamental to all children and their families. The State's policy should make the full range of protective services available to all families, not just to those who receive public assistance.

The State should also set standards and develop guidelines regarding program operation and service delivery in order to promote the development of a uniformly high level of service throughout the State. To assure relevance and specificity, draft copies of State-developed standards should be discussed at the annual meeting of the State/local liaison committee for input from local programs. Once the State standards and administrative guidelines are in final form, they should be discussed at the regional meeting; this will help to assure that the interpretations and implications of the standards and guidelines are clear.

5.0 DEVELOPING LINKAGES WITH RELEVANT STATE AND FEDERAL AGENCIES AND PROFESSIONAL ASSOCIATIONS

In order for the State protective services office to meet its responsibility for developing linkages (i.e., formal and informal agreements) and for coordinating its efforts with those of relevant State and Federal agencies and professional associations, it is recommended that the office,

in the context of other advisory groups which may already exist, establish a statewide interagency council or subcommittee. This group would be composed of representatives at the policymaking level of all State agencies and others whose staffs are mandated by State law to report abuse and neglect, State representatives of child welfare organizations and concerned citizens groups and formerly abusive and neglectful parents. Agencies and professional groups which should be represented include: law enforcement, juvenile court, medical (including physicians and nurses), education, and mental health. This council should mirror on the State level the local interagency council that is described in Chapter VI (p.81)

The purpose of the statewide interagency council is to facilitate communication and coordination at the State level. Its members should meet monthly in order to share information, review proposed legislation, develop mechanisms for reacting to proposed changes in the State law, garner support for a strong protective services program, sponsor joint demonstation programs, and develop joint training and staff development materials and programs. Existing State resources can be examined by the council members, each of whom will be familiar with her/his own agency but who may not know what is provided by other agencies. When a gap is discovered, the council can develop proposals and secure funding, as well as serve as an advocate for changes in the existing service delivery system; e.g., adding outreach or transportation components and easing eligibility requirements in other agencies. Service delivery may also be facilitated by interagency agreements defining the roles of each agency in child welfare and protective services.

An important aspect of the council is its ability to address local problems which originate in the regulations and administrative guidelines of various agencies at the State level. Staff of local agencies should have access to staff at the State level so that they may bring policy level problems to their representatives on the State interagency council. Through the efforts of the council, interagency agreements can be developed that could be particularly helpful in assuring adequate cooperation and collaboration.

In State-administered agencies, statewide purchase of service agreements can be discussed and recommended through the council.

Because the responsibilities of the council are so diverse that they cannot all be discussed at monthly meetings, it is recommended that several task forces, meeting on an ad hoc basis, be established to focus on particular topics and areas of need. Task forces are recommended in the following areas:

- Definitions.
- Resource development.

- Legislation and liaison with the legislature.
- Staff development and professional education.
- Public information and education.
- Budget

All of these topics are germane to examination by action-oriented task forces. These smaller groups can present their findings to the larger body for discussion and, if necessary, approval.

Working with the council and with task forces of the council requires a good deal of staff time and planning. Since representation from the State protective services staff on each task force is important, careful consideration should be given to areas of priority which should be addressed first.

6.0 SERVING AS AN INFORMATION CLEARINGHOUSE

The State office should be a repository of information on exemplary components of existing programs, on programs which have recently been implemented in the State and throughout the country, and generally on the "state of the art" of child abuse and neglect. The office should surface program models and promote new programs (as well as assist in their planning) and should identify potential funding sources.

The State office should make information available to local communities as well as to the local public agency. Within local communities are both professionals and private citizens with a need for information regarding child abuse and neglect. One way of ensuring that the State office has "state of the art" information is to develop a library with up-to-date materials.

The annual regional meetings --attended by State office staff, local protective services administrators, supervisors and some protective services workers -- can serve as a forum for the presentation of exemplary program elements or of particular intervention strategies. Such presentations should focus on funding, costs, start-up, implementation, and operation, so that other local departments which may want to develop a similar program can gain a clear idea of how this can be done and how the program works.

The State office should receive training and staff development materials from the DHEW Regional Offices, assess their appropriateness, and then disseminate them to the local departments. The State office can also make contractual arrangements with other groups in order to develop additional, more specific training and staff development materials for

which there is a need and to provide workshops directly to protective services staff. Local agencies and other interested groups should also be informed about the availability of funds for stipends/traineeships and for the development of short-term projects. Information on materials and on upcoming workshops should be disseminated on an ongoing basis and reviewed at the annual regional meetings. Regional office social service staff should also receive this information.

A State protective services newsletter provides another valuable mechanism for sharing information about programs and about the availability of new materials and/or opportunities. Such a newsletter, which can be issued quarterly and distributed to local departments, should provide descriptive information on new program development and new materials, publicize training efforts, and call attention to important issues in protective services.

The State office should receive initial reports from all sources of known and suspected abuse and neglect cases and should summarize information regarding child abuse and neglect in the State. This information, which should be summarized and made a part of the State's annual report, should include descriptive data on the demographic status, abuse/neglect status of children, and about family problems. The report should be widely disseminated; for example, to State legislators, interested citizens groups involved in child welfare and child advocacy issues, other State agencies, and to local protective services.

The State office and the interagency council should work closely with professional associations whose memberships are made up of mandated reporters of abuse and neglect, such as physicians, nurses, psychologists, social workers, teachers, etc., so that they are aware of their role and that of protective services in protecting children from abuse and neglect. Issues which should be addressed include the dynamics of abuse and neglect, their definitions, criteria for reporting, the reporting process, the feasibility of therapeutic intervention, and community resources. The interagency council can be instrumental in reaching professionals, such as when appropriate members of the interagency council address professional association conferences.

7.0 PERFORMING AN ADVOCACY ROLE ON BEHALF OF FAMILIES WHO NEED PROTECTIVE SERVICES

In its advocacy role, the State office should use available data in order to develop its budgetary requests and to inform the State legislature regarding the importance of and need for protective services. Thus, the State office needs to disseminate and interpret information to legislators, to all professional groups representing mandated reporting sources and those involved in service delivery to protective clients, and the lay public, as well as to local protective services.

The State office should develop and distribute pamphlets which include a basic statement of policy, of reporting procedures, and of protective

services' responsibility to provide help to abusive and neglectful families. A well-prepared annual report which documents the number of families seen by protective services and the types of services provided can serve as an excellent means for publicizing the need for protective services and the agency's efforts toward meeting those needs.

8.0 PROVIDING CASE CONSULTATION AND TECHNICAL ASSISTANCE TO LOCAL PROTECTIVE SERVICES

State offices should have a capability which allows field representatives to work with local programs on data collection, program planning and administration, staff development program planning, budget preparation, service delivery, coordination efforts with other agencies, resource development, and on the establishment of guidelines for the development of purchase of service agreements. The field representative should use information collected by the State from local protective services programs to review problems about and discuss alternative strategies for service delivery. Timely analysis of service data will assist the State office to identify local programs that underuse certain services that have a relatively high proportion of children in foster care, or that have a relatively high child abuse and neglect recidivism rate. These programs should be given priority in terms of technical assistance.

The State office should also take a leadership role in facilitating linkages and sharing information between departments with relatively weak programs and those which have relatively strong ones. Facilitating the development of such linkages is extremely important in relation to the development of a sound preservice and inservice staff development program. The need for and importance of such linkages in primarily rural counties with small staffs is discussed in Chapter VII (p.87).

The State office should assist each community to develop its own interdisciplinary consulting team. In order to provide assistance to communities which lack professionals who have had special training in child abuse and neglect issues and who can serve as consultants, the State could develop regional trauma teams. These teams, which would be available to local communities within each region of the State, would be available for telephone conference calls and would meet each week in a different community to serve as a training resource.

The State office should also be prepared to provide consultation in very difficult cases.

9.0 MONITORING AND EVALUATING LOCAL PROTECTIVE SERVICES PROGRAMS

The State office should require each local program -- in some States, the programs may be regional -- to submit an annual plan to which the State office should respond with approval, with suggestions for

improvement, or with definite recommendations for changes. (State experience with the Title XX Comprehensive Annual Services Plan should be helpful in the development of these annual plans.)

A method should be developed for presentation of the plan to the public for the purpose of obtaining community reaction and suggestions. One way would be to hold a public meeting in an accessible location. Representatives from public and voluntary, family and child serving agencies, as well as interested community residents and formerly abusive and neglectful parents, should be invited to attend. After the plan is completed, it should be widely distributed.

The local annual plan, detailing planning for the provision of protective services, should include the following:

- Goals and objectives.
- A description of the service agency's organization and staffing, including caseload specifications.
- Its mode of operation and staff responsibilities.
- Training efforts.
- A list of services provided to clients, both by the agency and by other agencies in the community.
- Interagency relationships and coordinating efforts.
- Publicity and public information/education.
- Program statistics.
- Budget.

After submitting the plan to the State office, each local program's plan should be examined and compared with other programs of similar size, serving a similar client population.

An additional source for monitoring local programs is the service data sent to the State office. The State director responsible for protective services should review the service data from each local program and should compare it with data from other programs of similar size, serving a similar client population. As already discussed, information from this source can be used to provide technical assistance to local programs.

An annual State-conducted program review constitutes another mechanism for monitoring and evaluating local activities. The review should include an examination to determine compliance with State regulations and

conformity of the program organization and operations with the local annual plan. A sample of the case records in each unit should also be reviewed for completeness. Deficiencies should be reported to the State office and discussed with the local department so that they can be corrected. Major deficiencies may indicate the need for technical assistance from the State.

10.0 ESTABLISHING A CENTRALIZED REPORTING SYSTEM AND REGISTRY

The State office should assume responsibility for establishing a statewide system for receiving reports of known and suspected child abuse and neglect incidents from all sources. The State registry can be used in the following ways in relation to the individual cases reported:

- To provide information to responsible professional persons on previous incidents involving any given child.
- To insure that investigation is begun within 24 hours.
- To review the appropriateness of cases being accepted by protective services.
- To ensure the development and appropriateness of the service plan.
- To ensure the 3-month case review.
- To review the appropriateness of case termination.

The State agency may also wish to use the central registry to collect and summarize information for preparation of the State agency's annual report and as a program monitoring tool. (Further information on the development and use of a State central registry as a monitoring tool can be obtained from the National Center on Child Abuse and Neglect, Office of Child Development, Department of Health, Education and Welfare.)

Used in this manner, the central registry can be a powerful management tool for ensuring that cases are not lost in the system, and that protective services maintains its case management responsibility from the time of initial report until the family has been stabilized or the child's problem has been resolved in accordance with the alternative least detrimental to the child.

The State office should ensure that local programs clearly understand the data necessary for submission to the State reporting system. The assistance from local programs in the creation of reporting forms is important to help ensure the reasonableness of the forms and local cooperation. It is the State's responsibility to provide training on the use of forms required by the State and to disseminate these forms.

Many decisions associated with the maintenance of a State registry must be made, including who has access, staffing, expungement of records, and mechanisms for processing data.

11.0 DEVELOPING A BUDGET AND ENSURING THE COORDINATED USE OF FUNDING SOURCES

The budgetary process should begin several months prior to the beginning of the new fiscal year. In preparing the budget for protective services, it is important to have prior expenditures, legislative mandates, and projected needs based on data collected from local protective services. The backup material which accompanies the budget request and which documents the actual need for the moneys requested should be very carefully prepared.

The State person responsible for protective services should, of course, be knowledgeable about the provisions of Title IV-A (Aid to Families with Dependent Children), Title IV-B (Child Welfare Services), Title XX (Social Service Programs for Individuals and Families), Title XIX (Medicaid), and any other potential sources of money which can be used on behalf of families who need protective services. The State person should bring together other persons in the department who have expertise in budget development, including personnel management staff and fiscal staff.

Working closely with other State agencies, perhaps through the interagency council or subcommittee, will help to ensure identification of all possible Federal and State moneys which might apply to families needing protective services. Special funds for services to handicapped and mentally impaired persons, for health screening, and for education should be identified and considered. In addition, it is important to assist local agencies to explore and identify possible sources of local funding, including voluntary and charitable organizations and private source donations.

CHECKLIST FOR STATE AGENCIES

	YES	NO	PAGE
1. Is there a unit in the State social services department responsible for the State protective services program?	☐	☐	4
2. Are any mechanisms in place by which the State office can initiate and make input into legislative proposals which affect protective services families?	☐	☐	5
3. Has the State office developed and disseminated regulations and manuals which ensure that the State law regarding abused and neglected children will be fully implemented throughout the State?	☐	☐	6
4. Is a mechanism in place by which the State office obtains input from local agencies regarding the development of standards and guidelines?	☐	☐	7
5. Is a mechanism in place by which the State office disseminates and interprets new standards and guidelines to local agencies and their staffs?	☐	☐	7
6. Is there a statewide coordinating council on protective services?	☐	☐	8
7. Are mechanisms in place through which the State office informs local agencies, professional groups, and the lay public about new program models and innovations, and about the roles, objectives, and operations of protective services programs?	☐	☐	9

	YES	NO	PAGE
8. Does the State review newly designed training materials and ensure their dissemination to local agencies?	☐	☐	9
9. Does the State provide or contract for any training for local protective services staffs?	☐	☐	9
10. Are there mechanisms in place by which the State office collects information regarding child abuse and neglect in the State for the purpose of having information at hand which demonstrates a need for services?	☐	☐	10
11. Is this information widely disseminated to legislators, professional groups, other State agencies, and the lay public in order to develop support for the protective services program?	☐	☐	10
12. Are any mechanisms in place to ensure that the State can identify those local agencies which need technical assistance?	☐	☐	11
13. Has the State developed mechanisms for providing consultation or technical assistance in identified areas of need?	☐	☐	11
14. Does the State office have mechanisms by which it monitors local programs?	☐	☐	11
15. Has the State office established a statewide system for receiving abuse and neglect reports?	☐	☐	13
16. In developing its budget requests, does the State office use backup materials which demonstrate the need for and validity of the request?	☐	☐	14

	YES	NO	PAGE
17. Have all possible Federal, State, and local sources of funds which may be used on behalf of protective services clients been identified, so that moneys are available from a variety of sources?	/ /	/ /	14

SECTION II

PROTECTIVE SERVICES AT THE LOCAL LEVEL

CHAPTER I - DEFINITIONS

1.0 INTRODUCTION

The development of a set of practice-based definitional guidelines on abuse and neglect is central to the validation of reports and to the development of services. Agreement on the target population of protective services will facilitate the development of responsive services and mechanisms for service delivery. The broad terms characteristic of State laws -- for example, "serious physical injury," "maltreatment," "mistreatment," and "neglect" -- do not provide supervisors and protective services workers with a blueprint on which to base day-to-day decisions concerning which cases are an appropriate responsibility of the protective services agency. Clear-cut cases of abuse in which there is severe injury are the exception rather than the rule in the protective services caseload. Many cases of abuse and neglect can be characterized as "gray area" cases because they leave much room for individual interpretation and judgment.

In many cases, it may well be that the family requires help -- help in understanding how to use alternative methods of discipline, help in knowing what can be expected of children at different ages, help in coping with the child and with other personal problems. But protective services represents a particular kind of help -- it is help extended to a client family that is not usually seeking services. The overriding question is: Is this parent's behavior so harmful to the child that protective services should intervene? In cases in which the parent's (caretaker's) behavior results in serious physical harm to the child (e.g., broken bones, sexual abuse, burns) there is no definitional problem. While considerable problems often exist with determining whether or not such injuries were accidental, or, as in the case of sexual abuse, whether sexual contact was fact or fiction, these are not problems of definition but of case investigation; they are therefore discussed in Chapter III (p. 51).

Because abuse and neglect laws vary from State to State, this national guide cannot serve as a substitute for locally-derived guidelines. However, it can alert administrators/supervisors to the issues which should be considered, and it can serve as a springboard for developing working definitions that are consistent with individual State laws.

Practice-based guidelines will not resolve all problems, but they will surface differing points of view. They will be helpful in reducing the

difficulties associated with deciding whether or not particular cases require protective services intervention, in formulating clear statements to parents as to what is and what is not acceptable parenting behavior, and in presenting clear statements to community agencies regarding cases appropriate for referral to protective services. All too often, community agencies are critical of protective services due to differences in philosophy regarding how cases should be handled. Some of this resentment can be avoided if practice-based guidelines for case acceptance are available to the agencies, such guidelines having been developed with agency participation. Additional "gray areas" which should be addressed in the guidelines are institutional abuse and neglect. Thus, the guidelines should not only address what is considered to be abusive and neglectful behavior but also who is abusive or neglectful for case acceptance purposes.

In order to develop coherent, uniform criteria for case acceptance or rejection, it is important that administrators provide a mechanism through which supervisors and workers can jointly develop a set of practice-related guidelines based on discussion of actual "gray area" cases. It is recommended that administrators ask for a volunteer task force of supervisors and workers to develop a local guide which will determine what is and what is not accepted as a protective services case. In order to promote the understanding of other agencies of the protective responsibility, and in order to obtain the ideas and suggestions of a broad range of practitioners and community representatives, the protective services task force should invite the participation of other specialists; e.g., pediatricians, mental health professionals, public health nurses, law enforcement officials, juvenile court personnel, teachers and community representatives. Community representatives should include members of local minority groups and previous clients. Following completion of the local guidelines, cases will come up which will present new problems of definition. The definitional problems illustrated by these cases should be recorded and submitted to the task force which should use them in updating yearly the local guidelines. All mandated reporting sources and other community agencies with which protective services works should receive copies of the local guidelines on definitions for distribution among appropriate staff.

2.0 PHYSICAL ABUSE

Most cases of abuse do not involve broken bones, serious burns, or ruptured organs. Rather, the worker is more likely to be presented with the following kinds of "gray area" problems:

- A teacher reports bruises on the face of a 5-year-old child; the mother reports that, in her opinion, she has justly punished her child.

- A 9-year-old child is chained to a tree as punishment for running away.

- A day care worker reports that an 8-month-old infant has black and blue marks on the buttocks; the mother insists that the child must be toilet trained.

- A teenager is covered with welts on his legs and buttocks; his mother used a broom handle to punish him.

- A public health nurse reports that a mother is threatening serious injury to her baby in order to make the baby's father "sorry" for leaving her.

In determining whether or not protective services intervention is appropriate in a particular case of possible abuse, each of the following should be considered:

- Age of the child

  State laws provide upper age limits of children protected by reporting laws; however, within that overall limit, it is important to recognize that the potential harm of punitive behavior relates, in part, to the age of the child. Infants are especially vulnerable to injury since they are more fragile and unable to defend themselves. For instance, a slap directed at a very young child is more likely to cause harm than a slap of equal force directed at an older child. Therefore, an infant who has been slapped, and whose parent believes that slapping, hitting, or shaking are appropriate, is at risk, whereas the same might not be true of an older child.

  Moreover, unlike older children, infants cannot be held responsible for their behavior. Therefore, slapping an infant for spitting up his food is quite different from slapping a schoolage child for stealing a bicycle. While a slap of the same force to an older child may not be the most effective way of handling undesirable behavior, it is not abusive.

- Location of the injury

  The location of the physical marks may play a role in determining whether or not the injury is abusive. In States in which severity of injury is an issue in the determination of abuse, location of the injury is an important concern. Physical force applied to the face and head is more likely to cause severe injury and permanent damage than are assaults on other parts of the body.

- Use of an object

  Objects such as straps, belts, kitchen utensils, electric cords, or pipes are more likely to cause serious injury, bruises, and welts than is a slap of the hand. A spank on the bottom of a 5-year-old child is not abusive; it may be an acceptable form of punishment if injuries are not inflicted. However, a fist can cause serious injury.

- Physical abuse without marks

  Some State laws require physical evidence of injury -- at least in the form of marks -- in order to effect a determination of abuse. The laws of other States allow for a broader definition of situations which are abusive. When a child is locked in a room or chained in a yard, physical marks are unlikely. Because such situations are common, the task force should determine whether such punishments should be considered abusive according to State law.

- Physical abuse in the name of punishment

  In many instances a parent will attempt to justify physical abuse as the legitimate outcome of a child's misbehavior. However, when a child has been injured, his culpability is not the issue. An understanding that the misbehavior of the child is provocative will help the worker to be sympathetic to the parent and to establish a good working relationship -- but physical injury cannot be condoned. It may be difficult to decide whether an incident is isolated or whether an isolated punishment is abusive, but repeated punishment which leaves marks and bruises makes it easier to determine that the punishment is abusive.

  In order to help workers distinguish abuse from punishment, the task force should engage in a full discussion of the child rearing practices, cultural differences, and religious beliefs within the community. Some discussion of the degree of subcultural differences that can be accepted, if the public agency is to meet its responsibilities to protect all children, should be included.

- Physical abuse which is threatened

  In States which define abuse in terms of physical marks, the threat of injury to a child does not constitute grounds for protective services intervention. However, in States with a broader definition, protective services does have the responsibility to intervene. Bizarre threats -- e.g., to cut off the limbs of a child or to blind a child -- should be taken seriously because the child may well be in imminent danger.

3.0 SEXUAL ABUSE

Sexual abuse occurs when a parent or other person responsible for a child commits or allows to be committed any sexual act upon the child. Problems in determining whether or not sexual abuse has occurred center around a determination as to whether the parent or caretaker has indeed been sexually involved with the child. Teenagers may sometimes accuse a parent of sexual abuse in an attempt to cover up their sexual involvement with others. Determination of whether or not sexual abuse has occurred is a problem relevant to the investigation process and is therefore discussed in Chapter III. Definitional problems regarding sexual abuse are not really an issue since any sexual involvement of a child is considered abusive.

4.0 NEGLECT

Not all State laws include a definition of neglect. Where neglect is specified, it is commonly defined as a failure to provide a proper level of care in terms of food, clothing, shelter, hygiene, medical attention, and supervision. While there is general agreement that some degree of parental care is required, the problem lies in determining how much care is required, or in setting standards for a minimal acceptable environment for children.

The local task force on definitions might consider some of the following common problems encountered by protective services workers:

- A mother repeatedly misses well-baby appointments and her preschool children have had no immunizations.

- A mother refuses to allow her 12-year-old daughter to wear the blue jeans worn by everyone else at school and forces her to wear antiquated lace dresses.

- A mother refuses to bathe her baby more than once a week; day care staff report a severe diaper rash.

- Neighbors report that a 5- and a 9-year-old child are left alone several evenings a week.

- A mother regularly feeds her preschool children soft drinks, potato chips, and candy instead of cooking meals.

- A house has broken furniture and decaying food lying on the floor.

- A school reports that a third grade student is absent without medical excuse for weeks at a time.

In determining whether or not protective services are indicated, the following considerations are relevant:

- Medical neglect

  How does the worker decide that a parent is not providing proper medical or dental care for the child to the extent that the case is eligible for protective services intervention? Criteria for making such a decision include the parents' knowledge of the need for care, the availability of care, and the parents' ability to pay for it. The situation usually merits protective services intervention only if, after appropriate outreach and referral by other agencies, the parent refuses to keep medical appointments. Even then, protective services are usually warranted only if the untreated problem becomes severe enough to represent a danger to the child. For example, if a child with an ear infection is not brought to the doctor, a court order should be obtained. However, if the child has not been immunized but is not ill, the situation may not be a protective services case unless there are additional manifestations of neglect. The failure to provide medical care is usually only one part of a larger problem that the worker must examine.

- Educational neglect

  Poor school attendance should constitute a reason for protective services intervention, particularly if attempts by school personnel to work with the parents have failed. Poor school attendance may be a factor related to poor health, parental demands that the child remain at home to care for younger children, or family disruption. If all attempts by other resources to help the family with whatever problems are preventing regular school attendance

are rejected, and if the parent refuses to recognize the need for regular school attendance, protective services intervention is appropriate.

- Physical neglect

Substandard housing conditions may be a result of the parents' inability to find or afford better housing. Such things as broken furniture, overcrowding, and messiness are generally not grounds for protective services intervention. If, however, poor housing conditions represent a health hazard -- e.g., if there are vermin or if there is no heat in winter -- then protective services may be indicated.

Similarly, a family in which there is chronic poor management -- where, for example, income is not used for adequate food -- may require protective services. The mother's relative ability to manage and the ages of the children (Are they old enough to help out at home?) should also be taken into consideration. Meals which lack nutritional value, or which are not served on a regular basis, take their toll on children. A poorly nourished child is subject to numerous illnesses and is unable to interact normally with her/his peers because of lack of energy. Unless there is some form of documentation of malnutrition or failure-to-thrive or reason to believe that it exists, protective services may not have the authority to intervene beyond the initial assessment. A physician's diagnosis of failure-to-thrive based on observation of a cycle of in-hospital weight gain and post-hospital weight loss represents clear grounds for protective services intervention.

Workers should be sensitive to malnutrition, particularly in younger children; those over 6 years of age will be more likely to receive a nutritionally balanced diet as a result of a school lunch program.

Poor hygiene, poor condition of a child's clothing, or clothing which is inadequate for the climate may all require protective services intervention. Referrals of this nature often come from school personnel who complain that the child is being ostracized by other school children. In evaluating a complaint of this type, the effect on the child should be considered: Does she/he feel apart from or unable to relate to other children?

Drug addicted or alcoholic parents may be unable to meet the physical care needs of their children. Babies who are born addicted can be regarded as needing protective services. However, some drug addicted and alcoholic parents are able to meet the physical needs of their children and would not require protective services.

- Lack of supervision

Age, competence of the child, the amount of time the child is left unsupervised, the time of day during which the child is unsupervised, and degree of parental planning are all factors involved in the determination of neglect for lack of supervision.

It is important that the task force discuss the issue of when children are old enough to stay by themselves and when they are able to supervise younger children. A child between the ages of 9 and 13 may or may not have the competence to handle the situation, and presence of younger children is likely to make the older child's task more difficult. The length of time children are left alone should also be considered. Has it been a half-hour or 6 hours? Was it during mealtime with no food in the house, or during the night? Did the parents leave a phone number where they could be reached? Is there a neighbor who can be contacted? The task force must consider all of these elements in making an examination and decision regarding the existence and adequacy of the parents' plan for their children's supervision.

Lack of supervision or parental guidance may also affect the child in such a way that he or she engages in delinquent activities. The worker must determine where the parents have not fulfilled their responsibilities and why, how long the delinquent behavior has existed, and how serious the family situation is. The worker can then decide whether protective services is the agency most appropriate for working with the family.

Mothers who are prostitutes do not necessarily neglect their children. If, for example, the mother does not try to combine, at the same time, being a prostitute and being a mother, or if she makes adequate provisions for supervision by others, the child may not show any adverse effects, in which case protective services would not be indicated.

- Moral neglect

  Moral neglect involves the failure to give a child adequate guidance in the development of a set of positive social values. Children who are taught by their parents to steal or to sexually solicit are children in need of protective services.

5.0 EMOTIONAL ABUSE OR NEGLECT

Emotional abuse or neglect are so much more difficult to assess or establish and to deal with than is physical abuse or even physical neglect. The presence of symptoms in a child is central to a finding of emotional abuse or neglect; but it is often difficult to prove the cause and effect relationship between parents' unresponsiveness, lack of nurture, or emotional cruelty and a child's disturbed behavior.

Many States do not include emotional neglect in their statutes. Although this is a very difficult area in which to work because of the definitional problems, emotionally neglected/abused children are a reality, and they and their families deserve protective intervention.

Some problems encountered by protective services workers include the following:

- A first grade teacher reports that a boy in her class is extremely physically aggressive to the point where he is harmful to other children. Conversations with the parents go nowhere as they simply accept the reports as a confirmation of their child's "badness" and let the teacher know that they continuously tell him that he is worthless and bad.

- A day care center reports that a toddler is listless and apathetic; the mother has almost no contact with the child, preferring to leave her in her crib whenever she is at home.

- A young girl keeps running away from home; her mother is a prostitute who arrives each week with a different man and introduces him to her daughter as "your real father." The mother also stands on the street corner by the girl's school every day plying her trade and calling out to her daughter who is then teased mercilessly by her classmates.

- A junior high school girl is reported to be failing in all her subjects, extremely withdrawn, and chronically depressed. Her mother is highly suspicious of others, has no friends

herself, and does not allow her daughter to visit or to invite anyone to the house because she believes they would spread rumors.

- A 13-year-old girl is known to have been sexually intimate with several boys. The parents have been repeatedly advised to seek professional help for her and for themselves. The girl reports that the parents fight constantly and that the house is nothing but a battlefield.

Whether or not protective services should be offered to these families will depend on an assessment of the symptoms of the child, the behavior of the parents, and the likelihood of a cause and effect relationship between the symptoms in the child and the behavior in the parents. If the child's pathology can be reasonably traced to the parents' behavior, protective services are indicated.

CHAPTER II - ORGANIZATION AND STAFF STRUCTURE

1.0 NEED FOR SPECIALIZED PROTECTIVE SERVICES STAFF

Protective services is a highly specialized and intensive social service and, as such, should be separate from services for persons who receive income maintenance and from adult social services. Protective services requires an organization and staff structure that are distinct within the program of child welfare services.

Clients of protective services are often overtly hostile and difficult to work with because they are frequently in crisis and are likely to arouse feelings of anger and fear in the worker who tries to help them. Dealing with their own and with client hostility, using authority comfortably, making critical diagnostic assessments of family functioning, using crisis intervention techniques, making appropriate referrals, coordinating multiple services, giving case consultation, and providing services and treatment require specialized training and organizational supports for staff.

Under a generic system in which protective services cases are handled as part of the general child welfare caseload, it is unlikely that the staff will be able to develop the necessary skills for working successfully with protective services families. It is too much to expect that staff be functionally knowledgeable about all child welfare services, including foster care and special services, as well as protective services. Each of these areas requires special knowledge and expertise on the part of the worker. The advantages of a distinctive protective services staff can be summarized as follows:

- Specialization allows for selection of staff best suited to provide protective work.
- Specialization allows for staff training which focuses on protective services skills and issues.
- Specialization promotes opportunities for staff to focus on the development of relationships with those agencies and resources most important to clients who need protective services.
- Specialization promotes the development of a sense of staff cohesiveness which is central to the protective service worker's job satisfaction and performance.

Small county departments in rural areas can usually assign one or two persons to work as protective services specialists; they would be under the supervision of the overall child welfare or services supervisor, or of the agency administrator. If the volume of protective services cases is insufficient to justify full-time work, other child welfare cases can make up the caseload.

In order to establish a protective service capability in rural areas, a single protective services worker may cover as many as two or three counties, and five or six such workers may be supervised by a single supervisor who covers six to eight counties. Such supervisory sharing of counties can promote arrangements which allow sharing of cases across county lines. In this manner, if a worker in one county is more skilled or better suited to the handling of a particular case in another county, optimal arrangements for casework services can be made.

In large urban areas in which the welfare or social services department maintains satellite offices, each satellite office should have at least one unit of protective services workers, so that workers can be geographically closer to their clients. Such proximity limits time spent in travel, facilitates the handling of client crises, and enables the workers to deal with a small group of provider agencies. The latter is crucial for the assessment of existing resources, for a firm knowledge of services available and of eligibility requirements of various other agencies, and for the creation of the linkages which are so important if workers are to capture the most relevant and best available resources for each family. However, protective services units in outlying satellite offices should still be responsible to a single, centrally located protective services or other agency administrator, exactly as if the units themselves were centrally located.

2.0 ORGANIZATIONAL MODELS FOR PROTECTIVE SERVICES

The protective services system includes the following functions: assessment, intake/investigation, case management/treatment, and placement. (See Glossary for definition of terms.) The assessment function is the initial screening process which occurs prior to a home visit; it is designed to determine whether the report is appropriate to protective services. The intake/investigation function is the diagnostic process which occurs during a series of face-to-face meetings with the family; this is designed to determine what services/interventions will be most helpful to the family. The case management function relates to the crucial task of ensuring access to services, provided either directly or from a variety of

agencies, for all families who need protective services. The placement function is not always needed in these cases; it is relevant only to that very small percentage of families in which one or more children have to be placed as a last resort and, hopefully, for only a short period of time.

The five basic organizational models to consider are:

Model 1

ASSESSMENT STAFF

INTAKE/INVESTIGATION; CASE MANAGEMENT/TREATMENT; PLACEMENT STAFF

Model 2

ASSESSMENT; INTAKE/INVESTIGATION STAFF

CASE MANAGEMENT/TREATMENT; PLACEMENT STAFF

Model 3

ASSESSMENT STAFF

INTAKE/INVESTIGATION; CASE MANAGEMENT/TREATMENT STAFF

PLACEMENT STAFF

Model 4

ASSESSMENT; INTAKE/INVESTIGATION STAFF

CASE MANAGEMENT/ TREATMENT STAFF

PLACEMENT STAFF

Model 5

ASSESSMENT; INTAKE/INVESTIGATION; CASE MANAGEMENT/TREATMENT STAFF

PLACEMENT STAFF

In evaluating the usefulness of each model, the following principles have been used as criteria of desirability:

- Continuity of care.
- Immediate response to emergency situations.
- Regular contact with families receiving services.
- Access to resources by all workers in contact with families.
- Communication with, and feedback to, resources to establish visibility and credibility.

Model 1 promotes continuity of care from the clients' perspective because only one protective services worker is in contact with the family from the time of the initial intake/investigation until the case is closed. In this model, reports to protective services are received by the assessment worker who obtains initial information from the referral source and from contacts with collateral sources. In this manner, a certain proportion of cases is screened out of protective services without a face-to-face discussion. Opinion varies as to whether or not all reports should be investigated in person. Some people believe it is possible to screen out crank calls and inappropriate reports without an in-person investigation; others believe that, without such investigation, there is the risk that some cases which truly require protective services will be turned away. Unquestionably, face-to-face investigation of every report is time consuming. It does, however, serve as a safeguard for children who may be in danger, and it may be of help to other agencies called upon to provide services to these families. The decision as to whether protective services should investigate all referrals or only some referrals will depend on the volume of referrals, the proportion of referrals which, after investigation, turn out to be valid, and the level of training and experience of the assessment workers.

Unlike Model 1, Model 2 assigns the intake/investigation function to a separate worker from the case management/treatment, placement staff. Model 2 sacrifices continuity of care to help assure that workers are not so bombarded with the constant inflow of new cases and crises that ongoing cases tend to be neglected. A separate intake unit, in which the workers make no more than one or two client visits and make the initial information-seeking contacts with other agencies, allows for initial data gathering and screening out of those cases which do not belong in protective services; it also means that workers with ongoing caseloads can concentrate on providing more intensive case management and treatment services to

ongoing families and not spend unnecessary time visiting families that do not require their services. In addition, some families may be more receptive to a separate treatment worker who is seen as a helper, as contrasted with the intake/investigation worker who is viewed, perhaps negatively, as an investigator.

Another important advantage of the separate intake/investigation unit is that it takes staff preferences and differences into account. Some workers prefer short-term contacts with families; they enjoy the inflow of new problems which they have to assess but not resolve. Other workers prefer to develop relationships with families which are more long term and which center around treatment.

If Model 2 is adopted, it is important that workers doing intake have the same access to resources as do case management/treatment workers. For example, in assessing a situation, if the intake worker discovers that a family of preschool children has been left alone by the sudden hospitalization of the mother, the intake worker should have the same access to emergency homemaker services that a case management/treatment worker would have.

In some cases, the intake/investigation unit may be by-passed and families may be seen directly by treatment workers. Abuse cases referred by hospitals or by other community resources which work closely and collaboratively with protective services can be referred by protective services intake directly to treatment staff. This promotes continuity of care for those families (i.e., abusive families) in which the development of a relationship between family and worker is most likely at the point of crisis.

While Models 1 and 2 separate assessment and in the case of Model 2, intake from case management, they do not separate treatment from placement if and when removal of children is necessary. In order to ensure continuity of service, the worker providing treatment would continue to work with both parent and child when placement of the child has been made. The original worker represents an important connecting link between the separated parent and child, always conveying to the parent that the goal of returning the child to the home is central. In all too many cases, transfer of the family to a placement unit means that if all of the children are in placement, the parents do not receive ongoing treatment. In the absence of any active work with the family, the anticipated return of the children is unrealistic. Continued work with the parents by the same worker means that they are not forced to experience a separation from the worker with whom a relationship has already been established at the same time they are experiencing a separation from their children.

However, it cannot be expected that the protective services worker will replace foster care workers. In addition to handling all nonprotective child welfare placements, foster care workers on protective services cases should work collaboratively with protective services workers, assisting them in locating foster homes, in making arrangements for placement, in completing any paperwork pertaining to the placement, and in the development of foster parents as a resource.

In Models 3, 4, and 5, assessment and/or intake/investigation staff may be separate from the case management staff, who in turn are separate from the placement staff. These models are most common in agencies with a generic child welfare caseload. In addition to the fact that the generic approach does not promote the kind of specialization so important to protective services discussed at the beginning of this chapter, the separation of case management and placement staff could promote marked discontinuity of services. The family becomes involved with a treatment worker and, if one or more of the children is placed, is transferred to a placement worker. The practice of transferring a family or a child when placement occurs is contraindicated if the plan calls for a short-term placement, and a return of the child to the family is planned. The feelings in both parents and child that the placement arouses, the visits, and the process of return should all be an inherent part of the therapeutic work being done by parents, child, and worker. Assignment of a new worker at this critical point in the family's life can be damaging to the treatment being provided and can unnecessarily prolong the return home of the child.

Traditionally, placement has tended to be a separate function within child welfare. It is practical, and it is the way in which many agencies are organized. If it is decided that, despite the disadvantages outlined above, placement will continue as a separate function even for families receiving protective services, training for placement workers and coordination between case management/treatment staff and placement staff become critical. Working through the families' feelings about separation from the initial worker, an in-person introduction to the new worker and ongoing consultation on the case between the two workers are also absolutely essential. However, the advantages of continuity in terms of one worker who works with the family through the placement, until successful return of the children has been effected, are so great that very careful consideration should be given to selection of those models (1 or 2) which allow for such continuity. While the separation of placement staff does allow for a high degree of specialization, question is raised as to whether or not specialization should occur at the expense of the continuity of care to the family.

3.0 ORGANIZATIONAL UNITS WITHIN PROTECTIVE SERVICES

3.1 Assessment and Intake

In a large agency with satellite offices, assessment and intake should be centrally located. This will allow for 24-hour, 365-days-a-year coverage by qualified staff who can respond quickly to reports of abuse or neglect. It should also prevent cases from being "lost in the system." The intake supervisor and workers should review cases as they are received. Together they determine whether the probability is high that the case is valid for protective services and whether, therefore, the case should be referred directly to a treatment unit. If the intake staff is uncertain as to the ultimate disposition of the case in terms of its validity, it could begin the protective services investigation or refer the case for investigation to a worker providing case management. Procedures for this investigation are discussed in Chapter III (p. 48).

Regardless of the size of the agency, assessment and intake should be staffed 24 hours a day, 365 days a year. Collaboration with the police or with a local hospital can make it possible for small agencies to rely on the nighttime services of these other agencies to accept calls. However, there should be workers who can be reached at home during off hours. If there is an insufficient number of protective services workers for an on-call system, this duty may be shared with other staff in the department. However, nonprotective services workers who have such on-call responsibilities should receive training and should have access to a protective services worker or supervisor. In large agencies, 24-hour services may be provided either by workers hired specifically to work after office hours and on weekends or by regular workers who maintain these shifts on a rotating basis. In either event, several workers and a supervisor should be available to answer the phone, to take emergency referrals, and to handle ongoing cases in crisis. One way of ensuring a 24-hour reporting and response capability is through use of a statewide WATS line. This mechanism provides a staff which receives reports and takes responsibility for ensuring the investigation of all such reports.

Access to the central registry for the purpose of inquiry regarding the possibility of previous reports on a family should also be on a 24-hour basis.

3.2 Case management unit

The concepts and procedures relevant to case management are discussed in Chapter IV (p. 57).

The supervisor of a case management unit should take administrative responsibility for all cases within her/his unit to ensure the timely review of service plans and progress and that no cases are lost within the system. The ratio of workers to supervisors should be such as to allow supervisors to fulfill this responsibility, to provide consultation on individual cases, and to ensure that all protective services procedures and department policies are observed. A ratio of five or six workers to one supervisor represents the best unit size in that it permits administrative accountability for all cases in the team and sufficient interaction with individual workers, while still giving the supervisor the time necessary for department and team meetings and for completing department reports and paperwork.

Larger agencies may have several units in a central location and one or more units in satellite offices. Each worker on the team should be assigned to office duty 1 day per week so that a client will know when her/his worker is in and can be reached, as well as to complete paperwork, to meet with the supervisor, and to provide general office coverage.

3.2.1 Caseload specialization

In larger agencies, some consideration should be given to the development of special physical abuse and sexual abuse units. Some people feel that abuse work is so emotionally draining for the worker that specialization should be avoided.

However, physical and sexual abuse cases tend to be the most demanding in the protective services caseload; therefore, they require special worker sensitivity and skill. Again, as in the differentiation of intake and case management roles, consideration of worker preference is vital. Some workers may be extremely uncomfortable handling physical or sexual abuse cases; others may find satisfaction in the challenges which these cases present.

In order to reduce the drain of an abuse caseload on workers, some agencies with abuse units limit each worker in such a unit to no more than 80 percent abuse cases; they complete their caseloads with neglect cases.

The number of persons specializing in physical and sexual abuse depends both on department size and on the number of reports received in those categories. In small agencies, at least one person can be trained in each of those areas, even though they may not comprise a full caseload. The worker can then complete her/his caseload with other kinds of protective services or with child welfare cases. It is more desirable to assign at least two persons as specialists in each of these areas on a part-time basis. Two workers dividing the physical and sexual abuse cases between them and taking additional protective services (neglect) cases as required can provide each other with valuable peer support and backup and at the same time not be "burned out" by the intensive demands of a caseload composed exclusively of physical and/or sexual abuse cases.

In addition to specialization by type of case, assignment of cases on a geographic basis can be advantageous since this enables workers to become better acquainted with their immediate area's resources. Moreover, they can more easily establish ongoing working relationships with agency staff, particularly when working out of a satellite office that covers a relatively small geographic area. Such assignment by geographic area also reduces travel time, allowing more time for client contacts and client-related responsibilities. Each geographic area should be broad enough, however, to allow some diversification of families; a homogeneous caseload may not provide workers with the productive challenge associated with diversity.

In agencies in which the protective services staff consists of at least five units of five workers each, some attention should be paid to helping workers develop other areas of specialization through intensive training. Thus, some workers, especially effective with adolescents, can be trained in short-term family therapy; they should be assigned families in which older children are involved. Some workers who are particularly effective in working with elementary school age children can be trained to know more about how to help parents cope with and enjoy these children. Some workers, especially effective with parents of very limited intelligence, can be given training in the development of step-by-step procedures which such parents can follow in everyday child and household management. Some workers, especially effective with married couples who present a relationship crisis, should be given specialized training in couple therapy. Such specialization adds to staff satisfaction and avoids the problem of having to provide intensive training in all areas to a very large staff.

Smaller agencies that cannot afford this kind of specialization have a much smaller staff to train; thus, they can ensure training for

all of the staff in some areas, and collaborative relationships with other agencies in other areas. The entire issue of staff development is addressed in Chapter VII (p. 86).

3.2.2 Caseload composition and size

The size of a worker's caseload should depend on the kinds of cases a worker is handling. A caseload consisting of abuse or sexual abuse cases should number no more than 20 -- with each family equaling one case, and all children in a single placement equaling a second case -- where placement is not a separate function but continues to be the responsibility of the case management worker. Abusive and sexually abusive families require more frequent contact, and the worker must have time available to handle crisis situations.

A caseload composed of neglect cases should number no more than 30 -- with each family equaling one case, and all children in a single placement equaling a second case -- where placement is not a separate function. Generally, neglectful families will require less intensive contact with the worker; however, they are more likely to require a variety of concrete services. The worker's task is to maintain regular contact with the family and to coordinate the work of various agencies. However, if a paucity of resources means that the worker has to function as a parent educator and teaching homemaker, then caseload size should approximate the size of an abuse caseload.

When a worker's responsibilities center primarily around monitoring cases receiving services from other agencies or from other parts of the social service agency, a greater number of cases can be managed effectively at one time. Thus, in assigning cases to a worker, a supervisor should look at the nature of the worker's caseload, the treatment goals, and other workload duties. In addition, a worker should be assigned no more than one new case to every six ongoing cases so that ongoing cases will not be lost under the pressure of working with new families in crisis.

The fact that each worker is carrying a different number of cases should not have a negative effect on staff relations, so long as the basis for case assignment is clearly understood and is consistent with staff expertise, preference, and the actual requirements for delivery of effective services.

4.0 STAFF QUALIFICATIONS AND RESPONSIBILITIES

4.1 Protective Services Workers

Protective services workers should have at least a baccalaureate degree and at least 2 years' relevant experience in child welfare or social services, in home economics or housing, or as mental health aides or workers in treatment institutions for children. They should not be transferred from other divisions of the social services department unless they have expressed an interest in protective services work.

Protective services workers assigned to assessment and to intake should have had previous experience in providing protective services. These workers must have the ability to determine what is or is not a protective services case and to work with law enforcement agencies and other professional groups. This should not be a position for persons just entering protective services. The manner in which the initial investigation is handled will affect the way the person making the report feels about reporting and the way community agencies view protective services, and, if the intake worker begins the investigation, the clients' responsiveness to the department's services and offers of help.

Qualities and skills which are important to all protective services workers are[1]:

- An ability to work under pressure. A worker may have several cases to investigate at once, all of which need immediate attention; a worker may be faced with two crisis situations at the same time and must assign work priorities that may change when a third crisis arises.

- Flexibility regarding time. Clients receiving protective services are most often highly demanding and do not confine their problems to fixed appointments; a protective services worker must be able to cope with client demands as they are made.

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[1] Several of these qualities have been adapted from the guidelines issued by the Los Angeles County Department of Public Social Services Standards for Social Services M/L#9, Issue #34-37. Released June 1, 1970.

- An ability to work with suspicious and hostile people without feeling threatened. In routine social services where clients request assistance, the worker may have no difficulty establishing a relationship; however, in protective services, the client may be unresponsive to and angered by worker demands. The worker must not be intimidated by the client's attitudes, making it clear that she/he has responsibilities to fulfill as a protective services worker.

- An ability to relate empathically to clients and to concentrate on the positive rather than the negative aspects of clients; the worker must believe in the capacity of individuals to change.

- An ability to use authority constructively. The protective services worker must be able to use the authority invested in her/him by the agency; the worker should neither shrink from use of this authority nor be authoritarian in her/his attitude toward clients.

- Perserverance. Management and treatment of abusive and neglectful families is seldom a short-term activity. The worker must make many attempts at communicating to the parents their need for assistance and her/his readiness to provide it.

- Initiative and adaptability. A substantial portion of the worker's time is spent in the field. As discussed in Chapter IV (p. 58) on case management, major decisions (such as removal of a child from the home) should be made, if at all possible, following discussion with a supervisor; however, a worker sometimes faces on-the-spot decisions which cannot wait for such a discussion. In such cases, decisions should later be reviewed with a supervisor and, if necessary, revised, but the worker should be able to take decisive action when necessary and to take responsibility for her/his actions.

- Self-confidence. In protective services, it is easy to become self-doubting and to feel helpless and ineffective. A worker needs a relatively high level of self-esteem.

- An ability to look diagnostically at the whole family and to arrive at an assessment of family functioning and of the child's safety. The worker must be able to balance and weigh many factors, avoiding decisionmaking based on a few relatively superficial factors.

- An ability to interact with and relate to other professional disciplines -- particularly the courts and law enforcement personnel -- without losing her/his own professional identity.

- An ability to articulate the needs of clients and to play an aggressive advocacy role within the social services agency, with other agencies, and with the community on behalf of clients.

- Coordinating and organizing skills. A worker must be able to identify and effectively use the multiplicity of services and service providers with whom she/he works and to coordinate these into an effective treatment team for each family.

- An understanding of the importance of accountability. The worker must be able to accept responsibility for recording and documenting what has been established and accomplished.

4.2 Supervisors

Supervisors should have a minimum of a bachelor's degree, but an MSW degree is preferred. Regardless of degree, however, a supervisor should have had a minimum of 3 years' experience as a protective services worker, and an additional 2 years in some other aspect of child welfare, mental health, or family services. In order to be helpful and supportive to workers, and to assist them in making very difficult case decisions, a supervisor must be thoroughly versed in all types of cases, having handled them as a protective services worker so that her/his supervision is based on personal experience and understanding.

Supervisors need to develop mechanisms which ensure their availability to and support of the staff.

Supervisory responsibilities include weekly meetings with the units for the purpose of discussing cases, as well as weekly meetings with each worker individually for more specific case consultation and supervision. In addition, the supervisor should conduct one meeting each month with the unit to review any changes in agency policies or procedures. A supervisor may want to schedule 2 days per month to spend with workers in the field. As discussed in the section on training in Chapter VII (p. 88), joint interviews conducted by a supervisor (who is highly skilled and experienced) and a worker are

an especially effective training modality. Time spent in the field by supervisors serves as both a teaching and a supportive function to workers. Moreover, it may offer many supervisors some relief from their administrative tasks and paperwork. For many supervisors who initially came into protective services because of a desire to work with families, nothing can be more personally and professionally limiting than to totally remove them from contact with families.

4.3 Administrators

In very large agencies, one or more individuals may have exclusive responsibility for protective services. In smaller agencies, a single administrator may have responsibility for child welfare services or family welfare services and for protective services as well. In very small rural agencies, it is most likely that one administrator is responsible for the entire agency. Regardless of agency size, references to the administrator in the ensuing discussion are intended to mean whoever is administratively responsible for the delivery of protective services.

The administrator responsible for protective services should have a minimum of a baccalaureate degree, but an MSW is preferred. Regardless of degree, an administrator should have had at least 3 years of experience as a protective services supervisor; also additional experience in child welfare or family welfare services. She/he should have management skills and experience skills in community resource development, and the ability to work in the collective bargaining climate, while still maintaining a sense of professional identity.

Administrative support is essential to the morale of the staff and therefore to the success of the program. Many different mechanisms are available to the administrator by which she/he can maintain contact and an ongoing dialogue with the staff. The choice of mechanism depends on such factors as the size of the staff and the structure of the agency. A weekly meeting between the administrator and the protective services supervisors can be very useful. Similarly, a regularly scheduled meeting between the administrator and the entire protective services staff for worker participation in decisionmaking can facilitate communication. In larger agencies, the formation of an administrator/staff liaison committee, consisting of one or two representatives from each protective services unit and several supervisors, can be a very valuable mechanism for developing two-way communication.

As part of the work of the liaison committee, volunteer task forces made up of workers and supervisors might be organized for the following purposes:

> Task force on definitions: as discussed in Chapter I (p. 19), to develop and periodically update guidelines as to what constitutes a protective services case.
>
> Task force on training: to review, contribute to the development of, and critique department training materials and manuals, and to make known to the administrative staff needs and priorities in terms of training and consultation.
>
> Task force on services: to update resource information regarding eligibility, standards for quality, service availability, and referral procedures, and to examine and update criteria and to establish priorities for the use of various resources.

The purpose of these meetings and activities is to keep the administrator informed about staff activities and concerns, to provide a mechanism for two-way communication, and, as discussed in the section on staff satisfaction in this chapter (p. 45), to promote staff satisfaction by stimulating staff participation in program planning and development. Despite such discussion, some policies which workers dislike cannot be changed. It is helpful to workers to know that there are things which the administration cannot control or change, and why this is so; this helps to dispel or to avoid the atmosphere of hostility which often exists between workers and the administration.

In addition to the planning and administrative duties addressed in other chapters in this guide, the administrator is responsible to the director of her/his agency or to whomever is next in the chain of command. The protective services administrator should ensure that she/he represents to superiors in the department the needs and problems of the staff. Moreover, the administrator has the responsibility to assign priorities within protective services, to ensure collaboration with other services within the agency, and to promote collaboration with and resource development in other agencies in the community.

Finally, the administrator should ensure that she/he has an effective line of communication with the State office on protective services. Participation on statewide committees and task forces, requests to

review and contribute to State-developed training manuals, State planning for training institutes, and policy formulation all help to ensure that local protective services needs and problems have a voice among State decision makers.

5.0 INTERDISCIPLINARY TEAM/CONSULTANTS

Regular participation of a team of specialists represents an invaluable resource to the protective services staff, in terms of providing expertise in diagnosing and making case decisions, formulating service and treatment plans, and preparing cases for court. The interdisciplinary team should include a pediatrician, an attorney, a mental health professional, a representative from the juvenile court, a law enforcement representative, a public health nurse, a school social worker, and a protective services supervisor. The team should meet with a different protective services unit each week for case consultation. In rural areas, such a unit can be used to staff a large proportion of all protective services cases; in urban areas, it can help with the most difficult cases and, by so doing, can provide protective services staff with support and with opportunities to gain new knowledge which can be generalized to other cases.

Trauma teams which now exist in many hospitals represent another resource for protective services staff in terms of case staffing and consultation. The entire issue of coordination with other agencies -- including strategies for recruiting the interdisciplinary team and for working through role conflicts and tensions over responsibility and authority -- is discussed in Chapter VI (p. 84).

Consultation from certain specialties is essential. Pediatricians, psychiatrists, psychologists, and attorneys are particularly useful in protective services. The consultant's role within the department should be clearly defined and understood by staff so that they know who can provide assistance in what particular areas. The staff should have a major voice in the selection of consultants. This selection should depend upon the kinds of work that the staff are doing -- e.g., if the staff are developing a couple therapy or family therapy approach -- and the consultant should have experience in these areas. If the agency does not have its own legal staff, a consulting attorney who can help workers prepare cases for court is essential.

Consultants should be available on a regularly scheduled basis for unit meetings and case staffings. In addition, they should be available for consultation on an as-needed basis with respect to

individual cases that may arise between scheduled meetings. Contractual agreements with consultants which spell out mutual expectations and regular evaluations of the consultants should be made to ensure that the types of consultation provided are appropriate to staff needs. Protective services staff, particularly the workers, should have direct input into these evaluations since they are the recipients of much of the consultation.

6.0 ADMINISTRATIVE RELATIONSHIP BETWEEN PROTECTIVE SERVICES AND OTHER SERVICES IN THE DEPARTMENT

Collaborative relationships with income maintenance, family and child welfare services, day care, homemaker services, and legal services provided by the agency are essential. In large agencies in urban areas, each of these services may be under the management of a different administrator. In such cases, the administrator responsible for protective services should meet at least monthly with each person responsible for the other services. The purpose of these meetings is to work out referral procedures and to ensure that effective coordination takes place. Service coordination at the case level cannot be effected or is often blocked if administrators responsible for different services do not facilitate such coordination.

Procedures should be developed with the income maintenance agency so that a protective services worker seeking services for a client in an emergency does not have to spend a day or more waiting to see an income maintenance worker.

Procedures should be developed so that referrals to and from other social services providers can be made smoothly and effectively. In the case of such referrals, a transfer of responsibility may be needed from one supervisor to another. This is best accomplished through a meeting of the two supervisors and the two workers, and a personal introduction to the client by the terminating worker.

Sound working relationships and close collaboration with the agency's foster care, day care, and homemaker services are central since these services represent vital resources to the protective services staff. Staff of these services may be invited to participate in case staffings as well as to meet regularly and review shared cases. Effective collaboration at the caseworker level presupposes collaboration at the administrative level.

Joint training programs should be developed so that homemakers, for instance, are equipped to work with the often difficult and resistive families in the protective services caseload. Similarly, a relationship of mutual trust and respect must exist between the different services. Guidelines and criteria for the use of the different services in protective services cases should be jointly developed by the administrators, with the participation of the supervisors and workers in each service. This will help to ensure that referrals from protective services are accepted, understood, and given prompt attention. The protective services worker who needs a foster home or day care for an abused child should have access to a foster care or day care worker; together they should explore what is needed and what is available so that the best possible match can be made between the child, the natural parents, and the particular care setting.

Similar coordinating procedures should be worked out with the court preparation services of the agency; this ensures access to attorneys for case consultation and assistance in preparation for court testimony by protective services staff.

7.0 STAFF SATISFACTION

Because of the demands inherent in protective services, the agency can assure itself of a better program if mechanisms are developed to promote staff satisfaction and to reduce worker "burnout" and turnover. As already discussed, development of a team approach -- even if it consists of only two workers with a part-time protective services caseload, or in rural areas of one worker in each of several counties working together under one supervisor -- promotes a sense of special purpose and establishes a collateral support system. Also, as noted earlier, worker specialization contributes to satisfaction because it allows workers to pursue their particular competencies.

A knowledgeable and experienced supervisor who is available for case consultation and for joint visits to families in difficult cases is an important source of support, although care must be taken not to denigrate the position of the worker. Opportunities for joint visits by coworkers for purposes of developing a collegial support system or as backup for a situation that appears to be especially difficult or tense also promote staff satisfaction. A weekly unit meeting devoted to case discussion and to joint problem-solving is critical. In addition, as indicated above, a separate monthly unit meeting should be devoted to a discussion of agency

policies and procedures. Also, some mechanism for two-way communication between staff and local and State administration which allows protective services workers to feel that they have access to the administration -- to the end that their problems and suggestions can be heard and addressed -- is very important.

Workers and supervisors can, if they are interested, fulfill a professional and public education function by speaking to organizations about abuse and neglect and the role of protective services; they can also provide case consultation to other agencies. The education responsibilities of protective services are discussed in greater detail in Chapter VIII (p. 95).

Finally, perhaps the three most important elements of staff satisfaction center around manageable caseloads, training, and participation in and responsibility for decisionmaking.

Twelve important mechanisms for promoting staff satisfaction can be summarized as follows:

- A collateral support system -- the team approach.
- Worker specialization -- workers doing what they feel most competent to do.
- Supervision by and support from an experienced supervisor.
- Availability of consultants -- with worker participation in the selection and evaluation of consultants.
- Weekly case-focused unit meetings.
- A mechanism which allows for two-way communication between staff and local and State administration -- a means of ensuring staff participation in the formulation of policy and the development of procedures.
- Development of worker/supervisor task forces to deal with different areas of practice.
- Worker participation in the department's speaker's bureau and case consultation to other agencies.
- Manageable caseloads.
- Ongoing worker-defined training and staff development workshops, retreats, etc.

- Decisionmaking responsibility.

- Salaries commensurate with those of other social workers with similar training, experience, and responsibility -- salaries that take into account the special circumstances and requirements of protective services.

CHAPTER III - ASSESSMENT, INVESTIGATION, AND VALIDATION

1.0 INTRODUCTION

The assessment, investigation, and validation of reported abuse and neglect represent a vital process during which information is gathered, contact is established with the family, and the decision made as to whether protective services are required or that the report is unfounded. This process begins with the report to protective services.

2.0 THE REPORT

As discussed in Chapter II, the department should maintain a widely publicized 24-hour hotline for the reporting of child abuse and neglect cases. If the department is too small to staff such a hotline, alternative procedures should be worked out for after hours coverage of calls by the police or hospital emergency room, with appropriate referral to an on-call protective services worker.

If the initial call intended for protective services is inadvertently made to another section of the department, the person calling should be transferred without delay to assessment or intake staff who have been trained to take these calls. It is most important that the person making the call not be kept waiting or that she/he not be transferred from one extension to another.

Formal procedures for receiving reports must be established and clearly understood. The assessment or intake staff must obtain certain information from the person calling. To help make this information available in an orderly and systematic manner, a form should be designed and made available to all workers assigned to assessment and intake. Whether the report is made by telephone or in person, the worker should clearly identify her/himself to the person making the report and should encourage the person to tell as much as she/he knows about the reported case. The person should be made to feel comfortable during this initial referral call; she/he may need specific reassurance about reporting a family to protective services. While it is important to accept and investigate anonymous reports, persons reporting should be encouraged to identify themselves. The information elements needed are:[1]

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[1]Many of these elements were adapted from the Los Angeles County Department of Public Social Service Standards for Social Services M/L#9, Issue #41-43. Released June 1, 1970.

- Specifically, what happened or is happening? General statements such as "She isn't taking care of the child" should be probed for details as to how the child is not being cared for.

- Is the situation an emergency; e.g., is the child crying now?

- How frequent are the incidents? Was it a one-time occurence?

- Does the person reporting have direct knowledge of the incident?

- What is the caller's motivation for making the report? What is her/his relationship to the family?

- What is the general family situation?

- What are the names and ages of all family members, and what is their address.

If the report is from an agency, the worker should determine if an attempt has been made to work with the family, or whether the agency reporting is aware of other agencies to which the family is known. Details should be obtained regarding the nature of the agency's activities with the family to date and if the agency plans to continue its involvement with the family. Some agencies may have already completed an investigation of the case; in such instances, there is no need for the protective services worker to duplicate previous work, since the information can be transmitted directly to the worker responsible for management. If the report has not already been discussed with the family, the agency should be urged to inform them that a referral is being made to protective services. This will prepare the family for intervention by protective services and help establish a relationship of trust and credibility. Relatives making a report to protective services should also be urged to let the family know of their action.

As discussed in Chapter II, many experts believe that the experienced worker doing assessments -- who has a thorough knowledge of the department's practice-based definitions of abuse and neglect cases -- can screen out calls that are clearly not appropriate for protective services. It should be kept in mind that law suits have been initiated because of poor screening on the part of protective services; thus, the decision to make a face-to-face response in the case of every referral may have certain liabilities. Some reports may represent harrassment of a particular family; others may indicate less the need for protective services than the services of other agencies. Protective services

should not have to perform the outreach/home visit functions of all agencies in the community. However, other experts feel that unless each and every report results in a face-to-face investigation, there will be cases in which children in danger may be overlooked.

An investigation should be initiated within 24 hours after the report has been made, unless intake staff have reason to believe that a child is in immediate danger, a situation that calls for immediate investigation. Depending upon whether the State law allows protective services workers to take custody of the child or gives this power only to law enforcement officers, either the worker, or the worker together with a law enforcement officer, should go immediately to check on the safety of the child. In most cases, however, the 24-hour period, during which the worker gathers background information before talking with the family, ensures a timely response to the referral. Unless the report indicates an emergency situation, some background information should be gathered; e.g., if the family is already known to protective services. Past records concerning the family and prior incidents should be obtained. If the records are kept in a separate location, regular procedures should be worked out for making them available without delay to workers doing intake.

3.0 INITIAL CONTACT WITH FAMILY

When the worker is ready to contact the family, she/he must decide if the first contact will be by telephone or by home visit. It is generally more difficult to establish a worker-client relationship and to convey a helping attitude by telephone than it is in person; thus, where possible, a home visit is preferable. It is important for the worker to demonstrate that the relationship she/he wants to establish is one of trust and respect, and that the agency has an interest in helping rather than in punishing the parents. The nature of the report -- in terms of what specifically the parent is alleged to have done or not done -- should be openly and honestly shared with the parent. In any event, the worker should consider if there is evidence that the family will try to avoid a visit, if the crisis is immediate, and if, when deciding how the first contact is to be made, the family has a telephone.

In assessing the validity of the report, certain observations of the home, parents, and children should be made. The department should provide workers with a written checklist of areas of concern to be investigated. Depending on the nature of the report, particular elements should be emphasized during the visit. Any of the following elements may be important:

- If the allegation is one of physical abuse or neglect, the worker must see the child in question.

- If the child has bruises, scratches, or shows any other evidence of injury, the worker must ask if the child has been seen by a physician specifically in relation to the injury; if so, the worker obtains the name and address of the physician. If the parents indicate that the child has not been seen by a physician, the worker should encourage such a visit and should offer any assistance that might be needed in helping the parents decide where to go or in actually getting there. Whatever legitimate help is requested should be given. If the parents refuse to have the child seen by a physician, the worker should let them know that this is the child's right and that the worker then has the responsibility to obtain a court order for the examination. There are too many cases in which workers have mistaken cigarette burns for mosquito bites, hematoma for bruises, and fractures for sprains. Only a physician, using examination and X-ray data, can establish the severity of an injury and the history of previous injuries.

- If, according to the parents, the injuries occurred as a result of an accident, the worker should consider whether or not the child is developmentally able to have had that type of accident. If any doubt exists as to the reasonableness of the parents' explanation, it is essential for the worker to know whether or not the child has recently been seen by a physician in relation to the trauma. The worker should have the parents sign a release of information allowing the worker to obtain the medical report.

- The worker should see all the children in the family. Siblings of the reported child may also be in danger, even though the report did not concern them. If any doubt exists as to their physical well-being, the worker should ensure that they, too, are seen by a physician.

- In cases of sexual abuse, particularly those reported by children themselves, the worker should take the child's word very seriously and should ensure a medical examination of the child. However, lack of medical evidence for sexual abuse does not mean that the case should be closed. Any allegation of sexual abuse indicates serious family dysfunction and the family, including the child, must receive competent professional help.

- If the report alleges neglect, the worker should focus, first, on the family's circumstances as they reflect on that particular aspect of neglect. For instance, if the report concerns lack of food, the worker should ask if there is food in the house and if the parents need help in this area.

If the report concerns housing conditions, the worker should take note of exposed pipes and wires and the presence of vermin and decayed food.

- If the report concerns lack of supervision, the worker should explore the circumstances under which the children are left alone.

If the report of abuse or neglect is validated and the decision made to provide services to the family, one of the first steps that can be taken during the initial contact is to offer some kind of immediate concrete service. This lets the family know the worker wishes to and can help them. The family's needs should become more apparent during this first contact. The worker should try to learn what the parents see as problems. If a parent is in need of medical attention, the worker may arrange to take her/him to the doctor. If the family needs food stamps, the worker may take the mother to the office that determines eligibility. These actions communicate that the worker is concerned about the parents and is there to offer something, not just to talk about the parents' problems.

At the end of the first contact, the worker should inform the parents when she/he plans to return, that she/he will follow up on the services discussed, that she/he plans to obtain information from other persons or agencies, and if the investigation is being done by the worker doing intake, that another worker will be asked to give ongoing service. In other words, the initial report should be shared with the parents, and they should be fully aware of all next steps so that they will not feel that the worker is acting surreptitiously.

For a variety of reasons, parents may resist a home visit. Depending upon whether the report indicates serious injury and the age of the child, it may be possible to respect the parents' wishes during the first visit, as long as the worker sees all of the children. The worker can offer to see the parents in her/his car, in the local coffee shop, in their front yard, while taking a walk, etc. The second visit, however, should take place in the home and should include a walk through all of the rooms in the house, where appropriate.

During the initial contact, the worker should also evaluate the risk of further injury to the child while in the home and, if so, whether the child should remain in the home. Willingness of the parent to accept immediate services, including emergency homemaker or crisis nursery services if appropriate, willingness and ability of the parent to recognize that beating an infant or small child is inappropriate and dangerous, and absence of acute psychosis (as evidenced by hallucinations or gross distortions about the child's "evil" intentions) can be taken as criteria by which to assess the child's initial safety. If the child has been injured and the parents refuse any medical examination, if the parents refuse any and all services or contacts with the worker, if they firmly

maintain their right to punish the child in any way they see fit and make further threats as to what they will do to the child, and/or if one or both parents appear to be out of touch with reality, then the safety of the child is definitely in question.

In making these diagnostic evaluations, it is important that the worker share with the parents her/his immediate plans. At the same time, the worker looks to the parents for suggestions regarding the next steps to be taken. Parents should be helped to understand that they have a central role to play, including their involvement in all aspects of the investigation, to the extent that they are able to participate. The worker should ensure that the parent has an understanding of her/his rights, including access to legal representation, and that the worker cannot compel the parents to use services offered by the agency.

4.0 ADDITIONAL INVESTIGATION

In many of the cases, the first visit will be insufficient to determine whether or not a report is valid. Generally, it will be necessary to seek information from other agencies and to visit the family again. Depending upon the nature of the report, the worker might contact the local clinic, the school, or the police. While it is important to obtain such information, it cannot be relied upon completely as the basis for making a determination. Each piece of information has to be supplemented and integrated with other information in order to formulate an opinion. Conversations with the family and with other agencies must be kept confidential. However, the client who is the best source of information has a right to know the worker's intentions and actions regarding the receipt of information from other agencies.

If the investigation was begun by the worker doing intake, the family may be turned over to a case management unit after one or two visits. Within two visits it should be possible to determine if protective services are definitely indicated, or if the situation is so complex and unclear that considerable work will still have to be done. The worker providing case management should explore the following with the family:

- The parents' life tensions or crises.
- Marital or relationship stresses. Does the parent express problems concerning her/his relationship with the spouse?
- Employment stresses or financial problems. Is the parent unemployed or having difficulty keeping a job?
- The parents' background -- whether they have a history of severe physical punishment or unremitting criticism of the child. If the allegation concerns harsh discipline of the

child, do the parents state that they are simply using the same disciplinary means that were directed against them during childhood?

- The parents' attitudes and behavior toward the child. Are the parents' expectations inappropriate for the developmental level and chronological age of the child? Do the parents believe that the child has evil intentions?

- The parents' child rearing practices, particularly discipline. Do the parents use excessive corporal punishment in disciplining the child?

- If the parents have relatives or friends who can and do help out. Is there someone whom the parents can ask to stay with the children while they are out? Can they talk over their problems with someone else?

- If the parents have leisure time away from the child. Is the mother tied to the house and children all day?

During the initial investigation, the worker should also address the parents' potential for treatment and gather the information which will assist in the formulation of the service plan. Criteria for use of various services are discussed in Chapter V; it will be helpful if the worker keeps these in mind during the investigation process.

5.0 COMMON PROBLEMS

Determining whether or not a parent or caretaker has been abusive or neglectful can be especially difficult when dealing with those who deny having injured or harmed a child, a situation that often occurs in suspected sexual abuse cases. These cases are even more difficult to investigate because of the child's fear of discussing the alleged incident. The motivation and role of the child in relation to other family members should be assessed, as should the relationship between husband and wife. (Are the parents estranged or having marital problems?) An examination of the overall family situation will help to determine the kind of assistance which can most appropriately be offered to the family.

Additional problems may arise when the report concerns a middle-class family. Because middle-class parents may associate protective services with the welfare department, they may feel that it is not an appropriate agency for them since they are not on welfare. They may view protective services as an agency that works only with families who do not provide adequate food, clothing, or shelter for their children. If they refuse to see the worker, it may be necessary to work with them through their lawyer. In such cases, it is important that every effort be made to

explain the role of protective services to the lawyer so that she/he does not inadvertently "protect" the client from services. All of these factors can make it that much more difficult to establish a relationship. In addition, the worker must be careful to avoid thinking that, because a family maintains a well-kept home and provides the children with the material necessities, they cannot be abusive or neglectful parents. A worker who reacts in such subjective fashion to a family can easily overlook a dangerous situation.

Problems also arise with parents who are hostile and abusive to the worker and who refuse to allow the worker access to the children or the house. In such cases, the worker may try to schedule a convenient visiting time for later in the day or for the next day, or the worker may agree to see the family in another setting, or she/he may inform the parents that the agency will approach the court. It is critical, however, that the worker convey to the family that she/he is acting out of a sense of responsibility as a protective services worker and that it is her/his most sincere desire to help the parents overcome the problems which are endangering their children and threatening family unity.

6.0 FEEDBACK TO PERSONS REPORTING ABUSE OR NEGLECT

The agency has responsibility for informing the person making the report that the agency has looked into the situation and why it has decided to work with the family. If no further action is contemplated, the person who made the report then has an opportunity to give additional information if it is available. Protective services, in turn, may give more information to agencies with which they have a collaborative relationship if these agencies are also working with the family. This is not a violation of confidentiality since the person or agency reporting abuse or neglect already is aware of the conditions necessitating the report. As a minimum, information to the referring agency should be in the form of a letter which states that protective services is conducting an investigation; it should also provide the name and phone number of the worker handling the case.

Feedback to the person making the report can contribute to increased public awareness and support for the program.

7.0 CASE ACCEPTANCE

Following the initial one or two visits by the worker doing intake, all of the material should be reviewed with the supervisor. The decision should then be made as to whether further investigation is required and, if so, whether this should be continued by the worker doing intake or whether the case should be transferred, at that point, to a worker doing case management. However, regardless of who continues the investigation,

it should be completed within 60 days of the time the report is received. In cases in which the investigation is being completed by a worker doing case management, all of the case material should be reviewed with the supervisor and the decision made as to whether or not the family requires further protective services. By the time of this review, the worker should have gathered all necessary information -- both from community agencies and from the family itself -- either for the purpose of closing the case because criteria for protective services have not been met or of validating the case and providing services.

Some cases will remain unclear right up to the end of the investigation period. If further protective services seem appropriate, the case should be accepted or the agency should be prepared, if necessary, to invoke the authority of the court. Some cases will not stand up in court, but this lack of legal sufficiency should not deter the worker from working with the family prior to the determination by the court, especially since the involvement of the court can itself be therapeutic. While protective services gains its function by State statute, how agencies work with the courts will differ. It may take the reminder of the potential for court action or the filing of a petition for a family to realize that cooperation with protective services is to their and their children's benefit. In other cases, the worker will have determined during the investigation period that the children do not appear to be in immediate danger and that nothing further can be done because the family is unwilling or unable to change its parenting behavior.

8.0 CASE TRANSFER

Procedures should be established in order to ensure the smooth transfer of a case from the worker doing intake to a worker responsible for case management. First, the worker should have a complete written record of the case, including the reported problem, an account of all interactions between protective services and the family, and any information obtained from other agencies. This record should be turned over to the worker doing case management who should schedule one meeting with the worker doing intake in order to discuss in detail the family and its needs. The worker doing intake should assist in the development of the service plan and should also facilitate transfer of the case. If this worker has made home visits to the family, a home visit should be scheduled so that she/he can personally introduce the person who will continue to work with the family.

CHAPTER IV - CASE MANAGEMENT

1.0 INTRODUCTION

While the case management function of protective services may include provision of casework services, it always includes coordinating the many services required by most abusive and neglectful families. These services include day care, emergency services, foster care, homemaker services, and public health nursing services, as well as medical, mental health, education, legal, financial, and employment services. Families who receive services at private family service agencies, child guidance clinics, or mental health centers may not need caseworker services from the protective services worker. However, service coordination and monitoring is the responsibility of this worker.

The worker providing case management should maintain regular and continuous contact with the client and with other service providers, both within the agency and within other community agencies, in order to ensure that services are relevant to client needs, are delivered in a useful way, and are appropriately used by the client.

2.0 FORMULATION AND UPDATING OF SERVICE PLAN

Depending on whether or not a service plan was initiated as part of the intake process, the next task of the worker providing case management should be to uncover or review those areas in which the family needs assistance as well as those areas in which the parents, themselves, feel that problems exist. The worker should tell the family that she/he is there to assess what the problems are and that information relating to these problems will be shared with the family on a continuing basis. The worker's goals should be geared to the parents' ability to achieve them, and these expectations should be made clear to the family. If a parent is unable to see the need for a particular service, the worker should reiterate the need for that service in the overall plan. However, to the extent possible, services should be geared to those that are recognized and wanted by the family.

The plan may take the form of a written contract, or it may be a verbal agreement between the client and the worker. The plan should specify short- and long-range goals, what the client is to do, the worker's role, and the responsibilities of other agencies. For example, if a mother expresses the need to get away from the children for a few days a week because she "never has any time to herself," day care should be considered. As part of the plan, the worker should pursue a day care resource that is appropriate to the child. The worker should take the parent and child to see the program and to meet the day care staff,

where appropriate. The client would agree to do her part; e.g., have the child ready to be taken to the program on particular days of the week, to be home to receive the child at the end of the session, to participate in parent education sessions. The day care resource would agree to accept the child on the agreed-upon days and, depending upon agency policy, to provide transportation. If the parent is reluctant or unwilling to use day care, but in the worker's opinion this service is critical to the well-being of the child or parent, the worker should explain these considerations to the parent and should strongly urge the parent to come and see the service. Services that have greatest relevance to abusive and neglectful families, and the criteria for their use, are discussed in the following chapter on services.

Once a plan has been worked out between client and worker, it should be approved by the supervisor who should review the rationale for each service and for the use of each particular resource. Although the worker must assume a great deal of responsibility in case management, functioning primarily on an independent basis, responsibility should be shared with the supervisor at the following decision points:

- Implementation of the service plan.
- Changes or modifications in the service plan.
- Termination of any service in the plan.
- Any major crisis in the life of the family.
- Use of the court, including, if used, court review of the status of the case and court reports at the time of review.
- Removal of a child from the home.
- Decisons affecting the child in foster care.
- Return of a child to the home.

The supervisor should review, approve, or modify these decisions with the worker and support the worker in carrying out the case plan.

As discussed in Chapter II (p. 43), the use of the interdisciplinary team and of consultants in specialty areas to discuss and review such decisions can be of great benefit. When reviewed in this manner, decisions include the development of the initial service plan, referrals to court, and removal of children from their homes. In rural areas, it is often possible for the interdisciplinary team to review all such case decisions if the team meets weekly. In urban areas, as noted in Chapter II, not all cases can be discussed with the interdisciplinary team, but some

of the more difficult cases can have the benefit of team discussion. Some agencies report that the inclusion of parents in these discussions helps parents to understand why certain decisions are made, provides a model of rational and carefully weighed decisionmaking for parents, helps to remove the mystery of the entire process for parents, and encourages the various experts to develop clarity in their style of presentation.

In any event, review between parents and worker helps the parents to see what they have accomplished. Such a process encourages the constructive use of time as a therapeutic tool, helps the parents and worker to see clearly what they are trying to accomplish together, and serves to strengthen the worker/parent relationship.

The supervisor should review and/or discuss case plans with the worker at least every 2 months. This procedure helps to ensure that the family is receiving appropriate services, to evaluate whether or not a particular service has met the need, and to determine if any change in service should be made. Each supervisor should maintain an up-to-date log of all cases; this log serves as a reminder of when the 2-month review should take place. Use of such a procedure will ensure that cases do not become "lost," that they do not go unreviewed. Without such a procedure, some cases may go unreviewed in favor of the more immediate or accute cases, the kind that are more likely to command attention.

3.0 CLIENT CONTACTS

Regular in-person contacts by the worker should be a part of each case plan. The frequency of the visits will depend on whether the worker is providing casework services, doing crisis intervention, or acting only as service coordinator. If the worker is providing primary casework service, visits should be weekly in most cases. If acting only as service coordinator, visits could be less frequent. The purpose of these contacts is to reassess the case plan, to make necessary changes, and to maintain a clear idea of what the client thinks of the services she/he is receiving. Client-worker contact of this nature is important if the client is not to feel lost among the maze of different agencies serving the family.

Regular home visits are only one part of a worker's responsibilities. Time must also be available for crisis intervention, for coordination with other services and agencies including calls, face-to-face contacts, and conferences, and for department recordkeeping. Therefore, it is recommended that a worker carefully assess the amount of time spent in these various activities so that unrealistic demands are not placed on her/his time. It can be assumed that for every hour spent in the field in direct contact with a client, there will be several hours spent in other case management activities.

4.0 REFERRALS AND AGENCY COORDINATION AT THE INDIVIDUAL CASE LEVEL

The worker should understand that some families will need more assistance and different types of services from community agencies than will others. The kind of referrals made will also differ for some families. It may only be necessary for the worker to make the referral to an agency and to tell the client where and when the appointment is to take place. Other families may need to be introduced to agency staff. Still others may need not only to be reminded of each appointment but to be transported to the agency. As a minimum, the worker should call the resource before sending a client for service, making sure that a worker/resource understanding has been established regarding the particular family. This should be done in all cases being referred. Additional assistance should be given as necessary; for example, if the client is frightened or uncomfortable about visiting a particular agency or has no means of transportation.

Contact with other providers should be maintained at least monthly and, in times of crisis or unusual circumstances, on a weekly basis. Such regular contact will keep the worker informed as to whether, and how, the family is using services. Although relationships and procedures for collaboration with other agencies will have been established at the administrative level, it is up to the protective services worker to establish a working relationship with the worker providing other services assigned to her/his case; the other worker should feel that she/he can call the protective services worker at any time; that it is not necessary to wait for the regular check-in telephone calls from protective services. Another option which may be exercised by the worker providing case management is to meet with staff from the various agencies that may be involved in a case. Personal contacts are most important in developing and maintaining relationships; many problems can be worked out when all participating agencies meet together to discuss the case. With this kind of case-by-case coordination, each family has the benefit of a treatment team which represents a variety of skills and services.

Supervisors should review monthly all case records in their unit to ensure that agency and client contacts have taken place at least once a month. A case record which does not contain this information should serve to indicate to the supervisor that the case is not being adequately followed and that some supervisory assistance is necessary.

All supervisors should submit a monthly update to the administrator. This summary should contain information regarding the number of clients using each service during that particular month and the average number of service units per client. The supervisor should have at least a monthly summary regarding the number of families with children in day care, the number of children in day care, the average number of days of care per child during the month; the number of families receiving homemaker services

and the average number of homemaker hours per family; the number of families in therapy at a mental health center and the average number of therapy hours per family; the number of families receiving public health nursing visits and the average number of hours each family received public health nursing services; the number of families with children in foster care and the number of children in foster care. With this information, the administrator can review the consistency of services from one unit to another and can discuss with supervisors any marked discrepancies between patterns of service use from one unit to the other.

5.0. USE OF THE COURT[1]

In some instances, protective services may need to file a petition in the court, either while the child is in the home or is temporarily removed from the home. Court procedures and requirements vary from State to State. As discussed in Chapter VII on staff development (p. 92), workers should receive specific training in work with the court.

Except in the case of emergencies, the decision to request court action should only be made following a full discussion with the supervisor, with the agency's attorney, and, when possible, with the interdisciplinary team of consultants. The worker should be prepared to make a clear presentation regarding the evidence which supports the report and, if appropriate should have names of both community and expert witnesses who are willing to testify. All witnesses should be carefully prepared so that they know what is expected of them during the hearing.

The family should be informed that a petition will be filed in court, the grounds on which the complaint will be filed, and what they, the parents, can expect. The worker has the responsibility of ensuring that the parents understand the potential consequences of the court's involvement and that they fully understand their legal rights. The worker is also responsible for advising the parents of their right to be represented by a lawyer; if necessary, the worker should provide assistance,in ensuring that the parents receive adequate representation. It is recommended that the child, too, be represented by counsel whose sole responsibility is to make sure that the best available alternative,from the child's point of view is selected. If the child is old enough to understand, the worker should explain the reasons underlying the decision to request court action and the various procedures that will take place in the courtroom.

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[1]SRS is currently developing a guide on Legal Aspects of Proteetive Services to Abused and Neglected Children.

If a collaborative relationship has been established between protective services and the court, the court can be used as a highly effective therapeutic tool. This does not mean that court involvement is indicated in all cases; it does mean that, in those cases where it is indicated, the court can be of great assistance. In cases in which the court grants protective supervision to the agency, this should be in the form of a contract involving the court, the agency, and the parents. The contract should clearly spell out the responsibilities of the agency and of the parents, the criteria that will be used to determine if these responsibilities have been met, the consequences of their not being met, and the time of the next court review. Following such a procedure helps to promote the dynamic and therapeutic, rather than the punitive, use of the court; it also helps to assure that the family benefits from rather than is harmed by its contacts with the court and with the protective services agency.

6.0 MANAGEMENT OF CHILDREN IN FOSTER CARE

During the course of case management, the protective services worker may recommend that a child be removed from her or his home and placed in foster care. The decision to place a child should be reviewed by the worker's supervisor and should be made only after all other alternatives have been explored. This collaborative review should include assessment of the progress made toward achieving therapeutic goals and the status of implementation of the service plan.

Once it is agreed that placement is necessary, the worker should work with the natural parents toward their understanding of the need for such placement. If the placement can be included in the treatment plan worked out between worker and parents, there may be no need to take the case to court. However, a voluntary agreement must take into account the ability of the parents to sustain a placement of their child and include a determination of whether a voluntary agreement is likely to leave the child in limbo. In some cases, parental voluntarism may not be an option, or it may be inappropriate and participation of the court may be necessary. If the court is involved in the placement, a date should be set for case review to examine whether or not the conditions for return have been met. If no satisfactory progress has been made toward achievement of these goals, the protective services worker, her/his supervisor, and the court should consider a termination of parental rights. Children should not be placed in a "holding pattern" in the blind hope that, one day in the future, their parents may provide an adequate home.

As discussed in Chapter II (p.32), the protective services worker should continue to work with both parents and child after placement. Depending upon the organization of the agency, a foster care worker may carry responsibility for locating the foster home, making arrangements for placement, and completing the required paperwork. Once

placement of the child is approved, the protective services worker should meet with the foster care worker to discuss the type of facility that would best suit the child's needs.

A foster family may be more appropriate for younger children, for those who can accept substitute parents, or for children without extreme behavior problems. A group home or an institution may be better suited to the needs of children with more severe emotional or psychiatric problems, to children who would be too disruptive to a foster family home, or to those who are distrustful of parental figures but might respond positively to peers. In addition, particular homes may provide more specialized care to abused and neglected children. In some cases, children may be placed with relatives. However, extreme caution should be exercised when placing children with relatives, particularly grandparents. The cycle of poor child rearing can be too easily continued, and parents may be immobilized in their efforts to change when faced with the ongoing criticism of their own parents -- criticism which may have been so damaging to their self-esteem that it is a contributory factor to their abusive behavior.

After joint identification of the type of family desired, the foster care worker should visit the foster home or group care facility and supply the foster parents/staff with the necessary background information on the type of care needed by the child. Depending on the age of the child, the child should also visit the facility with the protective services worker before placement is actually effected. The foster care worker should also have the opportunity to discuss and possibly even role play with the child what she/he will say to others about not living at home. Both the natural parent and the child, if old enough to understand, should be involved in the placement arrangements. Every effort should be made to promote the development of a relationship between the natural parents and the foster parents and to include the foster parents as part of the therapeutic team. Well-trained and sensitive foster parents can be an important source of nurture not only to the child in their care but also to the child's parents. The protective services worker should take responsibility for providing ongoing support and case-specific consultation to the foster parents or group care staff.

Good practice would indicate that, if at all possible and in circumstances where it is warranted, the protective services worker should meet weekly with the child while she/he is in placement in order to help work out problems and to provide an important link with the natural parents. Children of elementary school age and older should not be excluded from problem-solving sessions. They will be less anxious and mistrustful if they participate in the decisions that affect their lives.

The protective services worker, or whoever is designated as the therapeutic worker, should meet weekly with the natural parents to work out

the problems that led to their child's placement and to plan for the child's return. The protective services worker should schedule visits between the natural parents and the child as set forth in the treatment plan. Visits should increase both in frequency and in duration as the time for return approaches. Whenever possible and as appropriate, visits between parents and child should be in the company of the protective services worker since the interactions and feelings aroused during these visits should be part of the therapeutic process.

The organization of some agencies may provide for a foster care unit which takes responsibility for supervision of a child in foster care and works with the child's parents. In such cases, an ongoing relationship should be established between the worker in the foster care unit and the protective services worker to assure continuity of the services plan and timeliness of objectives to be achieved. The protective services worker may assume responsibility of the case if the child is returned to her/his own home.

Once a child is returned to the home -- a decision that should be reviewed by the supervisor or the court if it is a court-ordered placement -- weekly parent-worker contact should continue for at least 1 month, and biweekly visits for at least 2 months after return of the child. Return of the child to the home represents an exceptionally stressful time for parent and child. Mistrustful of the fact that the parents want her/him back, the child is likely to act out and do everything she/he can to test the limits of parental endurance. Similarly, the parents may be uncertain and unaccustomed to child care routines and restrictions. Therefore, the same supports used to prevent placement should be provided for the 3-month period after a child is returned to the home, during what may be characterized as the reentry phase.

7.0 TERMINATION OF PROTECTIVE SERVICES

The protective services worker should make the decision to terminate the provision of services with a family only after consulting with her/his supervisor and after consulting with the parents. Participating agencies should also be considered in making this decision.

An agency should not have a policy of terminating a case simply because protective services has been involved for a certain length of time. It must be recognized that some families will need longer-range assistance than will others and that the protective elements of the case may remain for a long period of time. Termination should be considered when treatment goals have been met, or when the service plan is not completed but it is appropriate to terminate services and adequate safeguards are in place.

8.0 STAFF TURNOVER

When staff turnover occurs, procedures should be in effect which serve to minimize problems of case transfer to a new worker. The departing worker should prepare a case summary and have all records in order. Caseloads should never be left uncovered; there should be an overlap of time between the departing and arriving worker, or, if this is impossible, the supervisor should cover the caseload until such time as a new worker is assigned and is ready to take over the caseload.

Enough notice should be given so that the worker can prepare clients for her/his departure and personally introduce the new worker during a home visit. A letter giving the name and telephone number of the new worker should be sent to all agencies involved in a case. These procedures -- that is, a personal introduction to the client and a letter to community agencies -- should make it easier for a new worker to assume case management responsibilities and to establish a helping relationship with the client.

CHAPTER V - SERVICES: SUPPORTIVE AND TREATMENT

1.0 INTRODUCTION

As the agency designated to work with abused and neglected children and their families, it is the responsibility of protective services to ensure the delivery of relevant, responsive services to clients who need protective services. Some services may be provided directly by the public agency; others, by other community agencies. If a service is to be provided by another agency, protective services must decide whether referral or purchase of service on a contract basis is more desirable. Whatever the arrangement, as discussed in Chapter VI (p. 80), protective services should work with provider agencies to develop guidelines that give each agency a clear understanding of what protective services expects in the provision of quality service and accompanying feedback. The precise nature of the service, of the provider, and of the recipient, as well as monitoring mechanisms, should be established in advance at the administrative level by protective services and each provider agency.

The discussion that follows is designed to provide an overview of some of the services relevant to the need of protective service clients. Each service is described in terms of the problems it addresses, the agencies by which it most typically can be developed, and the elements which must be in place if an agency is to provide the service in an appropriate manner.

Elements of quality service specific to a particular type of community agency are discussed throughout this chapter. The following elements are germane to the services provided to abusive and neglectful families by any agency:

- Each agency which receives referrals from, or has a purchase of services contract with, the public social services department should ensure that its staff has received training specific to working with abusive and neglectful families. The mechanisms for and the content of such training programs are discussed in Chapter VI (p.81) on interagency coordination and Chapter VIII (p.97) on professional education.

- Whenever possible, provider agencies should be encouraged to develop specialized staff who will be responsible for providing services to these families. Such specialization within other agencies provides a central focus on protective service clients, leads to a more highly trained staff, and promotes opportunities for developing close working relationships between the provider agency staff and protective services workers.

- As discussed in Chapter IV (p. 60), all provider agencies should agree to provide feedback to the protective services worker at least monthly, and more frequently as may be necessary in particular cases. Similarly, there should be a willingness to participate in case staffings and a general recognition of the fact that the particular provider is functioning as only one part of a client-specific treatment team.

- Each agency should recognize that the ultimate case responsibility for all clients needing protective services rests with the legally responsible agency. Procedures for handling instances in which a provider agency is in disagreement with the protective services management of a case are discussed in Chapter VI (p.84).

2.0 SUPPORT SERVICES

2.1 Homemaker

Homemaker service can provide vital support to parents who are unable to care for their children because of absence from the home, because of immaturity or retardation-related lack of child care and home management skills, or because of apathy and depression. In many instances, use of a homemaker can eliminate the need for temporary placement of a child when a parent is absent due to illness or desertion. Especially in neglectful families in which the parent is still present in the home but is unable to manage the home and child, a homemaker can instruct the parent in caring for the child; can assist with budget planning, shopping, and meal preparation; can establish a daily routine for the parent and help to alleviate personal and social isolation; and, at the same time, can serve as a maternal figure for the child.

Because of close contact with the family, the trained homemaker can provide the protective services worker with an ongoing assessment of the family and its capacity to mobilize its resources, and she can act as an advocate on behalf of the client. When planning for homemaker services, the protective services worker should develop a clear understanding with the parents as to what will be expected of them. Parents should understand that they are entering into a collaborative relationship with the homemaker in which they will work together to improve the home situation and their capacity for planning and organizing the activities of daily living.

Resources capable of providing this type of service include the public social services department and private homemaker agencies. Regardless of provider, two types of homemaker service should be available:

(1) teaching homemakers who are experienced in teaching home management skills to parents and (2) homemakers who replace the parent during an absence. Because parental absence or desertion can occur at any time, the agency must be capable of providing the second type of service on a 24-hour emergency basis.

As already discussed, it is essential that homemakers receive specific training so that they can work with clients in a supportive but goal-oriented fashion. Close collaboration with the protective services worker and ongoing sharing of information about how the partnership is working are critical.

2.2 Day care

The abusive parent may need time away from the child in order to have the opportunity to develop new ways of meeting her/his own personal needs. The use of the child as a need-gratifying object can be greatly diminished if, through day care, an actual separation can be effected between parent and child. In most abuse cases, parental willingness to allow the child to enter day care is a major therapeutic achievement, requiring considerable support and validation by the worker. For the neglectful mother who is simply overwhelmed with the demands of parenting, especially if she has several preschool children, day care can be a major resource for keeping the family intact. The children in many marginal families can be assured a minimum acceptable level of care only if the mother is relieved of having to provide this care 24 hours a day. In such families, day care may provide children with at least two nutritious meals a day, good physical care, attention to emotional needs, and the cognitive and motor stimulation which will help to overcome deficits borne of environmental meagerness. Such use of day care can, by protecting the continuity of the parent-child relationship, often prevent foster care placement.

Day care services can be obtained from licensed or approved family day care homes or from day care centers in the community. Private preschool programs, Head Start centers, church-sponsored nurseries, and community centers are all good potential resources.

Recognizing that abused and neglected children may not be tolerated in day care settings designed for children who do not have severe emotional and developmental problems, special programs may be established by contract. Training for day care staff, a low staff/child ratio, a parent discussion group with concomitant emphasis on parent participation in the program, and client transportation are essential to the development and operation of a good day care program for protective services clients.

2.3 Foster grandparents

Retired persons and senior citizens can offer much to abused and neglected children who are in need of nurture and support. They can take children

for recreational outings, or they can provide babysitting services a few hours a week so that parents can have some respite. Two advantages of using foster grandparents are their time and their experience. Many retired or older persons have time available during which they can become involved in community activities. They also have valuable life-long experience, having reared families of their own.

Working through local senior citizen centers, as well as through the area agency on aging, it may be possible to develop a foster grandparents program for clients receiving protective services.

2.4 Parent education

Many abusive and neglectful parents have little or no realistic understanding of what can be expected from children at different developmental stages. Many have little or no idea as to how children can be disciplined and how limits can be set in a constructive manner. Many parents have virtually no idea as to how they can play and have a good time with children. Parent education -- defined as helping the parent to learn basic elements of child development -- alternative methods of discipline, and appropriate parent-child play can be provided by the protective services worker as part of individual casework, if the protective services staff have been given training in this area. An additional resource can be parent education or effectiveness sessions where groups of parents meet to increase their social interaction.

Parent education groups can be developed by educational facilities such as community colleges, by mental health centers, and through private social service agencies.

2.5 Family planning

Family planning information and counseling should be provided to parents so that, if desired, they can control the size of their family and the spacing of their children. Staff should discuss the importance of family planning with parents, informing them of such services as may exist in the community and encouraging them to accept or seek referral to a family planning service.

Agencies equipped to provide these services include public health clinics, planned parenthood organizations, and social service agencies.

2.6 Recreational activities

Recreational activities for parents and children provide a convenient means of reducing the family's sense of isolation. Many immature and/or mildly retarded young women can benefit from an activities group designed to provide satisfaction and to increase self-esteem through such activities as planning and cooking a group meal, participating in crafts projects, making things for the home, sewing clothes.

Agencies such as the Boy Scouts, Girl Scouts, YM and YWCAs, and local community centers should be approached in order to obtain an understanding of the programs they already have and to explore possibilities for program development.

2.7 Housing and relocation assistance

In situations where the family's housing is substandard or insufficient, the family should be assisted in finding new housing. This may mean obtaining a list of apartments within the family's financial means, as well as accompanying the parents to see the apartments. Once a suitable location is found, arrangements can be made for moving. This assistance can be provided by the protective services worker as part of her/his case management functions.

Relationships with the local housing authority and with private realtors can greatly facilitate the work of the protective services worker in this area.

2.8 Transportation

Transportation to and from resource agencies is essential if a family is to receive necessary services. Transportation should be arranged either by the public social services department or by a specialized transportation agency in the community. In the latter case, a contract between protective services and the transportation agency would help to ensure prompt and efficient service.

2.9 Legal services

Since many people feel that the interests of parent and child may be in conflict, it is recommended that the worker providing case management ensure that legal services are provided for the parent as well as separate legal services for the child, if indicated. Many public social service agencies have contracts for legal services. Legal aid societies represent an important resource for protective services clients.

2.10 Employment training and placement

The protective services worker should be aware of community programs which train and place clients for employment. Referrals to such programs should be part of the worker's efforts to assist the family through concrete services. Smooth referral and feedback procedures should be established.

2.11 Financial counseling and assistance

Inability to budget and manage finances is a frequent problem among clients receiving protective services. In some programs, teaching homemakers can provide financial counseling, including budget planning, economical

shopping, and food planning. In addition, the family may be eligible for financial assistance; this avenue should be explored with the income maintenance agency.

2.12 Speech/hearing testing and therapy

Protective services should maintain a referral relationship with professionals or clinics providing speech and hearing testing and therapy, so that if problems are discovered they can be diagnosed and treated.

3.0 THERAPEUTIC SERVICES

Many clients who receive protective services can benefit considerably from a therapeutic approach that goes beyond the provision of basic casework services. In many cases, the need to explore and alter maladaptive patterns of behavior requires specific therapeutic techniques. Individual pathology, maladaptive and destructive couple relationships, and disturbed family systems require and deserve intervention which is goal-oriented. Techniques that help parents develop new problem-solving approaches are most valuable. Abusive and neglectful parents need time to develop a relationship of trust; they need to experience the worker as a source of gratification. However, this phase should be the beginning rather than the end of treatment. "Reparenting" means far more than providing dependent gratification; it also means setting limits and altering the balance between maladaptive and adaptive ways of thinking and behaving.

In the discussion that follows, a variety of therapeutic approaches and providers are discussed, all of which have considerable merit. The public social service agency should have a commitment to the development of a broad range of treatment services. Where such services cannot be delivered directly, arrangements must be made with other community agencies that can make these services available. However, unless providers can meet certain conditions, their services to protective services clients are likely to be only minimally useful. This is particularly true in the case of mental health centers which should be viewed as part of the broader services in their community, and which should not dissociate themselves from the treatment of protective services clients. In order to ensure a treatment program that has relevance to clients receiving protective services, a mental health center should meet the following criteria:

- The availability of staff who have received specialized training and who work with clients receiving protective services. These staff may treat other kinds of clients, but, without training and an understanding of the dynamics of abuse, it is unlikely that mental health staff will be able to establish a therapeutic alliance with the abusive parent.

- These special staff should hold weekly case conferences in order to review client progress and to serve as a training resource for other mental health staff.

- The repertoire of staff members should include couple and group therapy; staff should be willing to use protective services workers as cotherapists in these cases.

- At least one member of the staff should have training in child and adolescent therapy; this person should have major responsibility for the treatment of these children.

- Members of the treatment staff should be willing to make home visits; they should also actively follow up missed appointments. All too often, unmotivated clients can be traced to unmotivated therapists who are simply unwilling to put forth the extra effort which may be required by a family.

3.1 Casework services

Casework services are provided by the protective services agency or by other social service agencies, by social workers in mental health agencies, or by caseworkers in private practice.

An abusive parent is typically a person who has intense, unmet dependency needs, who has experienced significant rejection, who lacks the means for obtaining dependency gratification or emotional support from others because of a lack of self-esteem and trust in others, and who uses her/his child as a need-gratifying object. As already discussed, the worker should respond to these needs by seeking to develop a close but firm and limit-setting relationship with the parent. The worker should also serve as a role model and behavior modifier, providing problem-focused, goal-oriented casework addressed to changes in behavior. For example, parents can be taught to look for alternative means of discipline if a worker models this kind of problem-solving behavior in interactions with the parent and child.

Neglectful parents who are depressed or overwhelmed by their day-to-day responsibilities can benefit greatly from a casework relationship. The caseworker, acting in a supportive fashion, can slowly help the parent to more adequately meet the needs of the children.

In many cases, casework services should constitute only one aspect of a treatment plan. Unless a parent is living only with very young children and cannot, because of limitations discussed in the section on group therapy, make use of a group experience, then group, family, or couple therapy should accompany the one-to-one relationship in casework services.

3.2 Lay therapy

Lay therapists or parent aides may be persons from the community who are committed to working with abusive and neglectful families. They do not operate within the client-worker framework, but seek to establish a relationship of trust in which the therapist is seen as a surrogate parent. Lay therapists seek to provide information and to meet concrete needs, working within a trusting relationship to change parents' self-concept and isolation. They can spend more time with clients than can the protective services worker who has other caseload responsibilities. Parent aides must be committed to spending a large amount of time with the abusive parent, to be available whenever necessary, and to receive training and ongoing supervision.

The public social service agency, a mental health center, a family or children's social services agency, or a group of private citizens can be approached to develop a lay therapy program. Studies have shown that a community group which is primarily organized for the purpose of developing and maintaining a lay therapy program is more likely to develop a sound program than is an agency with other service priorities. Once the program has been developed and the first group of volunteers has been trained, protective services may well develop a contract with the volunteer agency to provide services.

Where lay therapists are working within an already existing agency, every effort should be made to make them feel like full members of the protective services unit. Ongoing recruitment, training, and supervision of lay therapists are likely to suffer if these activities have to compete with other responsibilities. Attention should be given to see that this does not happen.

3.3 Group therapy

Following an initial period of casework services, group therapy can be of great benefit to many clients receiving protective services. The group encourages socialization among members and the development of a mutual support system. A group approach is helpful because it is often easier to identify and understand destructive interactions and behaviors in others than it is to recognize these characteristics in one's self; moreover, a group approach allows for the possibility of ignoring or bypassing a client who, in a given session, is not in a working frame of mind. Criteria for group therapy include: ability to share the therapist(s) with others, adequate intellectual ability that enables the person in therapy to verbalize and communicate with others, absence of acute psychosis, and a lack of resistance as manifested by explosive behavior which is so strong that it disrupts the group process. Groups can be established for couples, for

single parents, or they can be mixed. Optimal group size seems to be between 8 and 10 clients; groups should meet weekly.

The group should be led by an individual who has had training and experience in group therapy. Protective services workers who have had this kind of training should be encouraged to develop a group for parents. As already discussed, regardless of the auspice under which the group meets, a cotherapy approach is extremely helpful, given the difficulty of the clients and the dynamics they present. Cotherapy between a protective services worker and a mental health professional is especially effective.

3.4 Parents Anonymous

Parents Anonymous (PA) is a self-help group which provides a supportive network for abusive parents, acts as a vehicle for socialization, and provides a wide range of information about parenting. PA groups vary; some may be confrontive and may therefore not be suitable for parents who tend to be withdrawn and easily frightened by an aggressive approach.

The national organization of Parents Anonymous can be contacted for assistance in developing a PA chapter where one does not already exist. A strongly collaborative relationship between protective services and PA may be of great value. PA represents not only an important resource in terms of referral to group meeting, but PA members can be of major assistance in the early investigation of abuse and in serving an advocacy function for parents in their dealings with various authorities. Hostile and overtly aggressive clients who, in some cases, may be unwilling to open the door to a protective services worker can sometimes be approached much more readily by a PA member. An introduction by the PA worker helps to give the protective services worker an aura of legitimacy in the eyes of the family. Such an initial meeting with a formerly abusive parent can serve to change the entire attitude of a new client.

While the professional sponsors of PA may be mandated by law to report incidents of abuse, protective services should identify the local PA position on members reporting. The national PA policy is that anonymity does not apply to members of PA organizations where a child is in danger of abuse or neglect.

3.5 Couple therapy

Husbands/wives or boyfriends/girlfriends should not be excluded from therapeutic treatment. Because stress in a man/woman relationship is frequently a major dynamic of child abuse, every effort should be made to include both partners in the treatment. The boyfriend or husband should be included from the beginning of treatment so that he does not feel that the therapist is allied with his partner against him.

Couple therapy gives couples an opportunity to work on their relationship. The therapist interprets and points out those aspects of the interaction which are destructive, as contrasted with those which are positive. The couple are taught to listen to each other, to communicate their needs in a reasonable manner, and to engage in pleasurable recreational activities, as a couple and as a family.

Working with a couple requires specific skills; protective services workers can be trained in this treatment modality, or it can be provided by the team at the mental health center. Couple therapy sessions should be scheduled weekly.

3.6 Family therapy

Family therapy should be developed so that the entire family group can be involved in the treatment process. Conflicts between parents and grandparents and between parents and children, particularly older children and adolescents, can be worked through if the aim of the participants is to change a destructive interrelationship to a constructive one. Because child abuse is often the result of an intergenerational maladaptive system of destructive criticism, the goal of family therapy is to turn the family system into one of support and maintenance for all of its members. Family therapy sessions should be scheduled weekly.

3.7 Adolescent groups

Adolescent abuse and neglect is a special problem since the teenager is an active party to her/his own situation and, in many instances, may be reporting her/his own case.

Adolescent youths who have been abused, or who live in a home in which their siblings are abused, should be offered a special weekly group experience in which the focus is on undoing the effects of the experience and on providing appropriate models for later parenting. This approach could include supervised work experience in day care or Head Start programs, or activities in Big Brother or Big Sister organizations. A group experience should also be provided to adolescent parents.

3.8 Treatment for children

Many abused and neglected children need to see a worker on a regular weekly basis in order to work through their concerns and anxieties; this is accomplished through play therapy or discussion. The worker should have training in child counseling/therapy and, if she/he is not the protective services worker, should remain in close contact with that worker in order to avoid being removed from the total family picture.

3.9 Psychological testing

When psychological testing is required and the agency does not have this service, protective services should be able either to call in a consultant or to refer the client to a community agency for such testing. Referral procedures must be established and clearly understood so that referrral can be effected with a minimum of waiting time.

3.10 Other counseling

Other counseling services which may be required in particular cases include counseling for unmarried mothers, for drug and alcohol abusers, and for those who need weight/grooming counseling. In some agencies, these can be provided by the protective services worker or by other specialists within social services. In other agencies, referral procedures and a collaborative working relationship should be established with appropriate community agencies.

4.0 MEDICAL SERVICES

4.1 Examinations

Medical examinations for parent and child should be available on an as-needed basis. Many clients receiving protective services are themselves in poor health and, if they have not had a checkup in the past year, the worker should do everything to encourage such a checkup, as well as followup treatment and health care maintenance. As discussed in Chapter III (p.51), it is essential that abused children and their siblings be seen by a physician and that they be seen for continuing health care.

Protective services should establish referral arrangements with local hospitals and with the local health department and its satellite clinics. It is important that the medical facilities have a followup capacity to enable them to maintain close contact with the protective services worker; thus, if a client misses a medical appointment, she/he can be visited or contacted and a new appointment made.

It is essential that doctors and nurses in these facilities receive special training and develop a Suspected Child Abuse and Neglect (SCAN) team that can provide consultation to the hospital/clinic staff regarding all aspects of the management and treatment of such cases.

4.2 Visiting nurse/public health nurse

The local public health agency and the visiting nurse association contribute an invaluable, special resource in terms of providing followup care for abused -- especially failure-to-thrive -- or physically neglected infants and children. The capacity of these agencies to make home visits,

and thereby to closely follow a family, is of immense assistance to the protective services worker. Their special skills include monitoring the progress and development of young children, providing a relationship of friendly support and guidance in adequate child and health care, and sharing with families their knowledge of nutrition.

A collaborative relationship with public health nurses -- which includes training and the development of a special abuse/neglect unit within the public health department -- is especially important.

5.0 FOSTER CARE SERVICES

5.1 Child placement

If the family situation places a child in danger, removal of the child may be necessary. As discussed in Chapter IV (p. 62), the removal of a child from her/his home should be undertaken with great care and only after all other alternatives have been explored. If emergency homemaker services have been developed, very few children should have to be removed without careful preplanning. Along with the needs of the child, her/his developmental age is another important factor in arranging for placement. Since children between the ages of 1 and 3 are most likely to experience separation as devastating, they should be left with their parents if at all possible. If placement does become necessary, the natural parents should be fully informed of the steps that are being taken, and the protective services worker should continue to work with all family members.

Protective services should advocate for quality foster care which may include foster homes and group care facilities. An assessment of the available facilities should be made and service gaps filled. Coordination with private child welfare agencies and other organizations that provide these services is essential.

5.2 Foster parent training

The role of the foster parent is to provide the child with a nurturing relationship, at the same time preparing the child for her/his return to the natural parents. Abused children are often extremely difficult to manage because they are unused to reasonable limits; they may be determined to recreate the original situation so as to provoke abusive behavior in parent figures; and they may be convinced of their own "badness" which the placement has only served to confirm.

Some neglected children are also difficult to manage because they lack experience in an organized family setting and are unused to constructive limits. Serving as a foster parent for these children is extremely difficult and requires ongoing support and training. The worker should meet regularly with the foster parents to discuss problems and alternative ways of handling difficult behavior. The foster parent should be viewed

as part of the treatment team and should be encouraged, whenever possible and appropriate, to provide parenting not only to the child but, in certain instances, to her/his natural parents.

5.3 Adoption services

In some cases, it becomes necessary to permanently remove a child from her/his home. In these cases, protective service workers must work closely with other workers or other agencies to explore adoption possibilities. Again, a good working relationship must be developed so that the child's best interests can be served.

6.0 EMERGENCY SERVICES

Abusive and neglectful families often require services at all hours of the day and night to assist them through a crisis. Several services, designed to meet emergency needs, are described below.

6.1 Emergency caretaker

An emergency caretaker can be assigned to care for children whose parents are absent; this eliminates the need for placement of the child outside of the home -- an event that can be especially traumatic to young children. Community residents, members of volunteer organizations, and, as already discussed, homemakers can be trained to step into a household whenever necessary.

6.2 Twenty-four hour crisis nursery/emergency shelter

An emergency shelter or emergency foster home, which receives special compensation for 24-hour availability, constitutes an important resource. Even communities with a well-developed emergency caretaker service should have an emergency shelter to accommodate situations in which it would not be appropriate to send a caretaker. For instance, some abusive parents would be unable to tolerate the presence of a caretaker; thus, emergency placement of the children might be the only feasible alternative.

Availability of a 24-hour crisis nursery could prevent an incident of abuse by allowing a parent to leave the child in a nursery at any time when she/he is in crisis and feels unable to cope. Crisis intervention can then be carried out by the worker while the child is receiving good care.

6.3 Emergency family shelter

Families who have lost their homes or who are in acute distress can often be kept together if an emergency shelter, large enough to accommodate the

entire family, is available. Use of a shelter can avoid placement of the children and can allow the family a period of time during which to work for a permanent residence or to achieve their pre-crisis level of stability. Voluntary social service organizations would be appropriate resources for providing such a shelter.

6.4 Twenty-four hour crisis hotline

Parents who feel that they are about to abuse their child can often stop themselves if the community has a crisis hotline which is manned by persons trained in crisis intervention. This service, which can be developed by a voluntary organization or as a part of the protective services department, must be able to respond to reported incidents on a 24-hour basis. In order to be effective, the hotline should be well-publicized in the community through the protective services public education program. If a voluntary organization is maintaining the hotline, protective services should educate the volunteers regarding the responsibilities of the agency.

6.5 Client emergency fund

A client emergency fund should be available to provide emergency financial assistance during the time eligibility for longer-range assistance is being determined. Discretionary funds should be available to the protective services worker who may need money immediately to purchase food, milk, diapers, transportation, etc.

CHAPTER VI - RESOURCE DEVELOPMENT AND INTERAGENCY COORDINATION

1.0 INTRODUCTION

Protective services should take the lead in stimulating other agencies in the community to develop services responsive to the needs of abusive and neglectful families and in developing support for the participation in its program of community agencies and professionals.

As discussed in Chapter V (p. 66), abusive and neglectful families need a wide variety of services; but protective services cannot and should not directly provide all of these services. However, as discussed in Chapter IV (p. 57), protective services is responsible for coordinating and monitoring all relevant services; therefore, interagency coordination both at the administrative and the case levels is central to the protective services program. Without such coordination, many agencies in the community that have services needed by protective services clients do not deliver them in an appropriate or useful manner. Where services do not exist in the community, or where they do not exist in sufficient quantity, the role of the protective services administrator is to work with other agency administrators and the community planning structure for the development of these services.

It is especially important that not only professionals and community planners be included in this coordinating and planning process, but that representatives from the lay community also be included. Such representatives should include former protective services clients and local minority groups.

2.0 DEVELOPMENT OF COLLABORATIVE RELATIONSHIPS BETWEEN PROTECTIVE SERVICES AND OTHER AGENCIES

In addition to the interagency council discussed in the next section, the protective services administrator needs to develop collaborative relationships and procedures with a variety of other agencies in the community. Development of collaborative agreements should not be approached haphazardly. Each community is likely to have a unique service or service configuration; however, certain community agencies are so directly involved in protective services cases that development of collaborative agreements with them should be a priority.

Development of a collaborative relationship with the juvenile or family court has already been discussed in Chapter IV (p. 61). It is of great importance that protective services have a clear understanding of what each judge expects in the way of case preparation and testimony. In some communities, judges have participated in the training of protective services workers to the considerable satisfaction of everyone involved.

It is also important that judges develop an understanding of clients who need protective services, of relevant services, and of the role and functions of the public social service agency. The role of the court in the development of contractual relationships between court, agency, and parents should be explored and procedures developed.

The police (or other law enforcement officials) are often the first agency to be in contact with an abusive or neglectful family. For many people, the existence of serious trouble triggers a call to the police. Collaborative agreements should be worked out so that, whenever possible, a policeman responding to an abuse or neglect report notifies protective services immediately and is accompanied to the home by a worker. Unless the police are part of a special abuse and neglect unit and have had considerable training in this field, they are not as well equipped as a protective services worker (1) to determine what services could be immediately helpful, (2) to assess the risk of leaving the child in the home, and (3) to present a sympathetic, caring profile to the parents. Likewise, when a protective services worker needs police assistance in the removal of a child from her/his home, well-developed procedures should exist so that the worker knows whom to call, what information to give, and what steps to take next so that the police are immediately responsive to such a request.

Beyond the initial visit, procedures should be worked out regarding the details of what constitutes a police investigation and what constitutes a social service investigation. Procedures for sharing findings and gathering evidence for possible use in court should also be established.

Collaborative agreements with hospitals, public mental health agencies, schools, child guidance clinics, and family or children's social service agencies should be developed with each agency. Such agreements should cover procedures for case reporting, providing and obtaining information, referrals for services, case monitoring, and mechanisms for case coordination.

3.0 INTERAGENCY COORDINATION AT THE POLICY LEVEL: THE COUNCIL

In communities where an interagency council does not already exist, the administrator with responsibility for protective services should take the lead in the creation of such a council. This council, which should have representatives at the policymaking level from public and private agencies, should have the following goals:

- To examine the resources of each agency in terms of relevance to abusive and neglectful families. This includes ensuring that, with assistance from council members, each agency take responsibility for mounting an appropriate training effort for its staff and for

developing relevant procedures and a responsive staff organization.

- To serve as an advocate for appropriate changes regarding the manner in which services are delivered; e.g., less restrictive eligibility requirements, more convenient hours of operation, outreach capability, client transportation.

- To advocate, to develop proposals, and to seek funding for new services which may not exist anywhere in the community; e.g., a therapeutic day care center, parent aide/lay therapists, a crisis nursery.

- To foster the development of interagency service agreements -- between the public welfare or voluntary social service agency and each of the other agencies on the council -- which delineate mutual expectations, procedures, and areas of joint service. These agreements should include discussion of consultation services, participation on protective services task forces, and participation in protective services case staffings and conferences.

- To assist the public welfare or voluntary social service agency in its efforts to improve its own program of protective services by reviewing the annual plan for protective services and by reviewing and supporting the agency's budget requests.

- To develop a program of professional and public information and education regarding child abuse and neglect. Each agency should take responsibility for providing staff resources for a communitywide speaker's bureau. Such a bureau should be coordinated by the protective services agency; however, the protective services administrator should know who is available in other agencies to meet some of the requests for speakers.

- To review relevant existing and proposed legislation and its implications for abused and neglected children and their families, so that the council can either support or oppose the legislation.

Stimulated and informed by participation on the council, it is the responsibility of each agency administrator to ensure that her/his agency does everything feasible to provide relevant services to client families and appropriate backup to and coordination with protective services. Careful reference should be made to Chapter V (p. 66) and the discussion of services and criteria for good service delivery. Thus, for instance, each

hospital should be encouraged by the council to develop a SCAN (Suspected Child Abuse and Neglect) team which would provide training and consultation to hospital staff for the purpose of increasing identification, reporting, and humane management. Similarly, each mental health center should be encouraged to develop a group for abusive parents, a family therapy approach, and outreach services in the context of a child abuse treatment team of specialists who work closely with protective services workers.

The full council should meet monthly; however, individual task forces set up to address specific problems may find it helpful to meet more frequently. Task forces appointed by the council may focus on central issues; e.g., assessment and development of treatment resources and of child care resources, development of agency staff training programs, development of a speaker's bureau, and planning of public information materials. In developing the different task forces, it should be kept in mind however that an effective action-oriented focus on any of these areas requires considerable staff time; also, that it would be better to give priority to and address one area at a time and to achieve the objectives in that area before moving on to the next.

The following public and voluntary agencies and other community facilities and resources should be represented on the council:

- Juvenile or family court.
- Public health.
- Hospital(s).
- Law enforcement.
- County attorney.
- Public defender/legal aide.
- Schools.
- Child care agencies.
- Mental health center.
- Voluntary family or children's service agency.
- Graduate training program.

In large urban areas where population density, geographical distance, and number of providers have led to the creation of separate satellite protective services offices, each satellite office should have its own

council composed of agency representatives from the specific agencies which serve that particular geographical area.

Some consideration should be given to the inclusion of representatives from the lay community, including various civic groups; e.g., child advocacy groups, committees on children and youth, Association of Community Centers, formerly abusive and neglectful parents, and local minority groups. In some communities, some agencies may resist including such lay individuals; however, in the long run, they can serve as effective advocates for the mobilization of new and more responsive services.

4.0 INTERAGENCY COORDINATION AT THE CASE LEVEL: THE INTERDISCIPLINARY TEAM

As discussed in Chapter II (p. 43), protective services should develop in each community a team, composed of representatives from various agencies, which can act in a consultative fashion to protective services. Under this arrangement, protective services still maintains responsibility, but has the benefit of consultation from other professionals. The focus of this interdisciplinary team should be the review of difficult cases in intake or in treatment for the purpose of helping the protective services team to develop a diagnostic formulation or service plan. The interdisciplinary team -- which includes a protective services supervisor who attends all meetings -- should meet with one supervisor and her/his unit each week; where there are multiple protective services units, these units should alternate in preparing cases to present to the interdisciplinary team. In this manner, the unit becomes available to different protective services units within the agency.

In large urban areas, the central office and each satellite office should have its own interdisciplinary team, and the protective services units within the satellite office can rotate their participation with the interdisciplinary team just as in the case of multiple units at a central location. The centralized intake units can use the consultation services of the interdisciplinary team which covers that particular geographical area.

The specialists on the interdisciplinary team should report any problems or areas of disagreement to the administrator within their agency who serves on the council. If the administrator considers it appropriate, she/he can report the problem to the protective services administrator who also serves on the council, and further courses of action can be discussed. For example, if the psychologist on the team disagrees with the plan to place a child and feels that her/his opinion has not been properly considered, then the psychologist should report this to the mental health center administrator on the council. Depending on the outcome of that discussion, the mental health center administrator can contact the protective services administrator and ask that the case be reviewed further. Following such a review with the responsible supervisor

and worker, the protective services administrator should report her/his findings and opinion to the mental health center administrator. If at that point the issue cannot be resolved, the mental health administrator should state her/his plan of action; e.g., counseling the family against a placement agreement, presentation in juvenile court of a different opinion, etc.

In addition, members should report clear community service gaps to their administrator so that these gaps can become apparent to all agencies and thus receive attention through discussion at council meetings. In this manner, the need for new services can surface and a priority, based on information from the practitioner level, given to them.

Development of an effective interdisciplinary team is often time-consuming and difficult. It requires skill, tact, and considerable faith in the importance of the contribution of various disciplines in case assessment and case planning. Problems arise over responsibility and over differences in orientation and approach; agencies and their representatives are quick to be defensive. Protective services workers in particular may have little experience initially in working with professionals whom they hold in high esteem. Pediatricians, psychiatrists, and psychologists may dominate the early meetings simply because others are reluctant to voice their opinions or are easily swayed. An awareness that these problems are common and an agreement to surface them and to continue to try to work things out will eventually lead to the development of a working team. Team members should accept participation on the team as a relatively long-term commitment because the development of personal working relationships is important. A well-established team can successfully withstand some turnover; but too frequent turnover of staff from any one professional group or agency limits the participation of that profession or agency, and too high a turnover rate among all team members may impair the effectiveness of the team.

CHAPTER VII - STAFF DEVELOPMENT: TRAINING AND SUPERVISION

1.0 INTRODUCTION

As discussed in Chapter II (p. 45), the provision of opportunities for ongoing staff development is a major mechanism not only for upgrading staff skills but also for promoting staff satisfaction and reducing worker "burnout." The protective services worker is required to give constantly to others; realistically, the worker should be given something in return. A continuous process of staff development conveys to the worker the agency's interest in her/his professional growth needs as well as its understanding of the complexities of the job. In addition to the supervisory process discussed in Chapter II (p. 40), a good staff development program should include an initiation period for workers who are new to protective services, a quarterly 1- to 2-day workshop series for workers and supervisors, and opportunities for interested staff to take specialized skill courses or seminars at local graduate schools, colleges, and/or mental health centers.

A sound staff development program should also fulfill administrators' needs for continuous learning; thus, a quarterly workshop for administrators on such issues as management, program development, and resource development is also important. Protective services should develop a written plan listing all staff development opportunities and distribute this schedule to workers, supervisors, and administrators.

Departments in large urban areas often have a training unit that plans all training programs for the agency. As discussed in Chapter II (p. 42), protective services should maintain a task force on training whose responsibility is to work closely with the training unit in order to make known the training needs of protective services staff and to evaluate the effectiveness of various trainers. In this manner, the training unit will be able to plan programs germane to the needs of protective services staff. The staff should perceive the training program as vital and useful.

In departments not sufficiently large to have a separate unit, the protective services training task force should have responsibility for working with the administrator to plan workshops, to recruit outside resource specialists, and to develop liaison with local graduate programs, mental health centers, and local colleges or universities which may have (or which may be encouraged to develop) appropriate training opportunities. Joint workshops with other services in the agency and with staff of other agencies can also be particularly useful. For example, joint workshops for protective services workers and for foster care workers or between protective services staff and the police can be very effective tools for training in collaborative procedures.

In rural areas, the agency should develop a working relationship with neighboring counties so that training programs can be developed on a regional basis, and all protective services workers can receive the training they need.

Attendance at national or State conferences can serve as an additional source of stimulation, while increasing the knowledge and skills of the staff.

Development of a child abuse and neglect library is relatively inexpensive and can serve as an important source of information and stimulation. It may be possible to share the costs of purchasing materials for such a library with other agencies represented on the interagency council; the council should be approached on this matter.

The Regional Offices of DHEW -- listed in the Appendix -- can be a valuable resource for staff development materials.

2.0 PRESERVICE TRAINING

The worker who is new to protective services should spend at least a 2-week period learning about the protective services system and about the policies of the agency. Acting as an apprentice to an experienced worker in the field, the new worker should make home visits and should participate in agency contacts and other case management activities. The trainee should be encouraged to raise questions and to voice uncertainties both with the worker to which she/he is assigned and with the unit supervisor.

If no experienced protective services worker is currently on staff, provision should be made for the worker in training to spend a period of time in another county working with an experienced worker.

Following the training period, the new worker should not be given a full caseload for at least 6 weeks. Rather, the worker should start with a few families and gradually build up to a full caseload; in this way, the worker can become more accustomed to definitional guidelines and to working with abusive and neglectful families. During this period, the worker should have daily access to her/his supervisor who should review all of the worker's activities and possibly make several joint home visits with the new worker. Intensive training before poor working habits become entrenched is a wise investment of time. In some cases, a worker will have to assume a full caseload because of the abrupt departure of the worker who is being replaced, but such practice should be avoided if at all possible. When it is necessary, extra supervisory support and shared interviewing are essential.

3.0 QUARTERLY WORKSHOP STAFF DEVELOPMENT PROGRAM

Every quarter, the protective services staff should spend 1 to 2 days in intensive workshops dealing with protective services issues and practice. Following is a summary of some general principles of a successful workshop program:

- Workshops should be practice-based and should promote the active participation of workers and supervisors. Workshop leaders and outside resource people should be encouraged to create an atmosphere in which workers can feel free to express any areas of confusion and uncertainty they may have, and in which everyone shares experiences and examines alternative practices.

- Workshop leaders should be recruited from other agencies and resources so that the variety of people and ideas to which the protective services staff are exposed can be expanded. Such contacts are an important source of stimulation and renewal.

- The workshops should be so structured as to allow opportunities for role playing and other techniques which offer opportunities to practice what is being taught. In order to promote such active participation, workshops should include no more than 30 workers and supervisors, or approximately four protective services units.

- In rural areas, the State or local office administrator should take the initiative and organize workshops pooling workers and resources from a multicounty area. Such interaction will promote the sharing of a variety of experiences and techniques.

4.0 COURSES AND SEMINARS

Both workers and supervisors should be encouraged to take relevant courses at local colleges and to avail themselves of any training opportunities provided by the local mental health center or child guidance clinic. Opportunities to serve as a cotherapist with a mental health professional working with an abusive parent group or within a family therapy context should be created, and the staff should be encouraged to avail themselves of such training.

5.0 ADDITIONAL STAFF DEVELOPMENT STRATEGIES

As discussed in Chapter II (p. 41), the weekly unit case conference should be oriented toward treatment and skills rather than toward procedures, disposition, and management. This can be done either by following a

a single case for a period of several months with ongoing case presentation and discussion, or through focusing on a different case each week. In either case, it is especially important that this unit meeting not be sidetracked by announcements, by reviews of reporting forms, or by discussion of other routine agency procedures. Consultants can, through their very consultations, provide valuable training on a case-by-case basis.

Cotherapy or joint interviews with an experienced supervisor or coworker represents an invaluable training strategy. A skilled and experienced supervisor or a more experienced coworker who spends time in the field with a less experienced worker can provide training and insights into the daily responsibilities of a protective services worker.

Training can also be integrated into daily work activities by use of videotape. However, active participation of the staff in production of the video materials and especially in followup discussions after their presentations can be very valuable in ongoing training.

6.0 STAFF DEVELOPMENT CONTENT FOR WORKERS AND SUPERVISORS

The content of a good staff development program for workers and supervisors includes emphasis on many topics. Some of these are best addressed in supervisory meetings; others, in the quarterly workshops. Some topics can be made available through the use of programmed instruction which allows the worker to proceed in a highly systematic and self-regulated manner.

The starting point of any staff development program will depend on the experience level and previous training experiences of the staff. The listing of contents provided below represents a general progression from the most basic to the more advanced levels of necessary skills and knowledge:

- Dynamics of abuse and neglect

  This involves a thorough grounding in and an understanding of why parents abuse and/or neglect their children. Without such an understanding, the worker cannot be expected to know what potential problem areas to explore with the family, cannot be expected to develop a competent service plan, and cannot be expected to have an empathic understanding of the families served.

- The role of the protective services worker

  It is essential that each worker understand that it is her/his job to protect the child, to establish rapport with

the family, and to preserve family unity whenever possible. The worker must also understand that intervention should be made in a supportive as well as in an authoritative manner. The fine lines between supporting and undermining a family's coping mechanisms, and between the constructive use of authority and authoritarian punitiveness, need to be defined and worked through in supervision and in case discussions.

- Recordkeeping/documentation/accountability/agency policies and procedures

A thorough understanding by all staff of the way in which the agency functions, of agency policies and procedures, of the importance of recordkeeping and documentation, and of the need for accountability is of vital importance. As discussed in Chapter II (p. 41), it is important that changes in policy or in recordkeeping not only be adequately reviewed and discussed with the protective services staff, but that, wherever possible, representatives from the worker and supervisory levels be included in the decisionmaking process leading to such change.

Whenever new reporting forms or recordkeeping procedures are introduced, the clerical staff should be included in the training process.

- Interview techniques

Once the staff have received a theoretical grounding in the dynamics of abuse and neglect and have an understanding of their role and that of the agency, the next step is to help them to develop interviewing skills. Workshops which include role playing exercises, observation of others conducting interviews, and discussion of illustrative process case records are the best methods for developing this skill. Use of audiovisual materials can make these techniques particularly vivid. Through such activities, the worker gains practice in dealing with clients who may be difficult to interview; e.g., overtly hostile and resistant clients, passive and depressed clients, and overly compliant clients. Without interviewing skills, no worker can be expected to establish rapport with clients or to develop useful information from client visits.

Practice interviews likewise should focus on receiving the report of abuse or neglect and on techniques for interviewing persons making reports. An effective training tool is the use of an open telephone line during actual calls. Thus, workers can hear each other handle reports of abuse or neglect and can provide each other with feedback regarding positive aspects as well as raise alternatives as to approach which individual workers may never have considered. Permission to have someone else listen in on the conversation must be given by the person making the report.

- Investigation/validation techniques

Staff should be given a conceptually-based orientation as to the purpose of the investigation process and how it relates to their understanding of the dynamics of abuse and neglect. New workers should observe and participate in the investigation process with a more experienced worker. Role playing and discussion of either actual or simulated cases which present typical investigation-related problems are also important. The locally developed guidelines on definitions can be a useful tool in the discussion on validation of abuse and neglect.

- Establishing risk

Workers should practice decisionmaking in simulated cases and in actual cases. They should also be aware of and be able to use criteria for establishing the risks associated with leaving a child in her/his home.

- Case management

Growth in case management skills is fundamental to both the workshop mechanism and the case discussions at the weekly unit meetings. Structured exercises that give workers practice in the actual steps involved in the development and evaluation of service plans for illustrative cases can promote capabilities in the development of service plans, in understanding criteria for the use of different services, in increasing parental participation in the planning process, and in the evaluation as to whether or not the services a family receives are beneficial. Skill in facilitating case conferences and in obtaining participation from other services at such conferences is also important.

- Community resources

Knowledge of community resources and of appropriate procedures for making referrals, and the know-how for developing

and maintaining case-related contacts with other service providers require specific training. Training in how to provide case consultation to other agencies is also of great importance; such training can be effectively delivered in workshops which use role playing techniques, particularly if workers from different agencies are present.

- Child development

All too often, workers who have had little training in child development and who, therefore, have little knowledge of developmental milestones and of effective child management techniques are called upon to educate parents regarding age-appropriate expectations and alternative means of discipline. New workers with little or no actual experience with children should have an orientation session in which such information is covered. In addition, one workshop series a year should be devoted to increasing the staff's knowledge of child development. Resource specialists who have an understanding of normal child development, but who also have the perspective of clinical experience with problem children, can be especially helpful and should be recruited as workshop leaders.

- Court procedures and testimony

One workshop series each year should be devoted to court procedures and to developing staff expertise in preparing cases for court and in presenting expert testimony. Conducting a mock trial in collaboration with a juvenile or family court judge and with attorneys is a particularly effective way of giving workers actual practice in courtroom procedures.

- Treatment skills

Interested workers should be encouraged to take mini-courses in special therapeutic techniques; e.g., transactional analysis, behavior therapy, group therapy, family therapy, and child therapy. Exposure to these techniques will enrich the caseworker's range of skills and will increase the worker's ability to relate meaningfully to families. Some families respond well to one set of techniques; others, to another set. The greater the exposure of the staff to different treatment modalities and techniques, the better their casework skills will be.

- Self-survival for workers

  Workers should be specifically taught to be sensitive to their feelings and to the signs in their behavior which indicate that they are becoming callous and "burned out" or that they are overidentifying with clients. Workers should be helped to understand that their personal needs are considered valid and that they should express their needs and opinions to supervisors. Some discussion should be devoted to constructive ways in which a worker can let the supervisor know that she/he is being unresponsive or unhelpful to the worker.

- The role of the supervisor

  Supervisors should attend workshops on general supervisory techniques as well as on techniques for providing support to the protective services team. Specific attention should be given to dealing with the emotional stress on workers.

7.0 TRAINING CONTENT FOR ADMINISTRATIVE STAFF

Except in the case of large urban areas, administrative staff with responsibility for protective services should be drawn from several counties to meet quarterly in a 1- to 2-day workshop. The following topics should be addressed:

- Program organization

  Management and development of services, staffing patterns, staff assignments, caseloads, and mechanisms for promoting communication and staff satisfaction should be discussed and carefully reviewed.

- Program development

  Training in program planning and coordination, in setting objectives and developing priorities, in making use of a systems approach, in using computer applications, and in pursuing new ideas and creatively developing new directions should be addressed as part of a sound training program for administrators.

- Resource development/collaboration with other agencies

  Techniques for working with other agencies in the community and for advocating the development of responsive services should be explored. Alternative mechanisms for involving

other agencies in protective services work in terms of consultation, staff training, community education, and program planning should be explored. Special workshops on the development of interagency agreements, purchase of service contracts, and service monitoring are also part of an effective training program.

- Financing/budget formulation

  Each administrator should have a full understanding of procedures used in isolating program costs in terms of functional components, of means for developing program support, and for projecting budgetary requirements.

- State and Federal reporting procedures/data collection

  Local protective services programs must develop procedures to ensure compliance with State and Federal regulations. Development of orderly procedures by which staff can provide administrators with necessary data both for reporting and for internal program evaluation is a key task.

CHAPTER VIII - PUBLIC EDUCATION AND INFORMATION

1.0 INTRODUCTION

One of the responsibilities of protective services is to provide public education and information. Its specific responsibility is to inform the professional community and the public about the role and functions of protective services and about the importance of and procedures for reporting cases of abuse and neglect. It is especially important that the agency emphasize the nonpunitive, help-based philosophy of protective services; that it affirm the fact that given appropriate and timely help, family unity and functioning may be preserved and/or restored. In seeking to educate professionals and the public, great caution must be exercised so that the point about the importance of reporting not be made in such a manner as to harden attitudes against abusive and neglectful parents. Sensational pictures of abused children do tend to harden public attitudes and are counterproductive as a result. This approach also tends to work against adequate funding for the program which is dependent upon an informed legislature for service dollars.

2.0 EDUCATION OF THE PROFESSIONAL COMMUNITY

Education of professionals working in agencies that have collaborative relationships with protective services is the responsibility of all the agencies and of the interagency council. The council should stimulate and advocate training in each of its member agencies and in vendor agencies. In rural areas in which all of the agencies are small and lack training resources, the council should facilitate the pooling of resources for the development and implementation of a multiagency training program. A statewide protective services training team can be a tremendous resource for such a council seeking training for its member agencies. The creation of the council and a speaker's bureau helps to ensure that council members will take responsibility for the training of their own staffs, using the resources of other agencies on the council and looking to them for training segments relevant to their own roles, functions, and expertise.

Through participation on the council, the court, police, schools, the public health agency, mental health centers, and hospitals will come to recognize the importance of training for their staffs. The protective services administrator should identify members of the protective services staff who are prepared to make presentations on the purpose, responsibilities, and functions of the service.

Other groups also need information and training. The speaker's bureau of the council, and protective services as a member of that council, should address these needs. Of particular importance is training for

staff of vendor agencies contracted to provide services to protective services clients.

Agencies will require information about reporting procedures. A first priority should be the development of a simple informational brochure which acquaints professionals in the community with the provisions of the law and with the reporting procedure. Information pertaining to the types of situations that require protective services intervention will help to alleviate an overload of the reporting system. This brochure should be distributed to hospitals, physicians in private practice, nursing associations, schools, day care centers, law enforcement agencies, mental health centers, and family service agencies; it should be followed up by presentations at a variety of professional meetings and forums.

Additional information can be disseminated to the professional community through special reports and the annual plan.

3.0 GENERAL PUBLIC EDUCATION AND INFORMATION

A well-informed general public is a most powerful ally for the protective services program. The public should be educated regarding the provisions of the law and the definitional guidelines and procedures for reporting. This is only a first step for which spot radio and television announcements may be adequate. To be informed, the public needs to have an understanding of abusive and neglectful parents as people who can be helped. Presentations to citizen and civic groups concerned with children and family life can be especially effective.

4.0 TECHNIQUES OF PUBLIC EDUCATION

Techniques for educating the public are numerous and vary in their effectiveness depending on the community and on the particular group to be addressed. The more common methods[1] follow:

- Media coverage.
- Posters (in stores, on bulletin boards).
- Brochures.
- Question and answer presentations at meetings.
- Workshop presentations.

[1]Materials appropriate for use in professional and community education efforts are available from the HEW Regional Offices listed in the Appendices.

- Audiovisual aids.

- Public hearings on the annual plan.

A well-publicized public meeting on the annual plan represents one of the most effective mechanisms available for developing professional and lay support for the protective services program. Through participation in these meetings, the community learns about the responsibilities of the protective services program, its services, and its problems in service delivery. Although such meetings may expose the agency to severe criticism, if the agency is doing "the best it can with what it's got," these public meetings may provide a perfect opportunity to develop support for necessary changes.

Media presentations are very effective in increasing the rate of reporting. But, without accompanying education concerning what should be reported, not only reporting tends to increase, but also the proportion of invalid cases. Such an increase in reporting of cases that are ultimately not validated leads to a severe strain on the protective services staff who become engaged in unnecessary investigations. Such a situation also creates a loss of credibility for protective services which the community begins to view as a service which "turns away families," and which creates unnecessary hardships for families that should not have been reported. For these reasons, media presentations should include detailed definitional guidelines as to the kinds of situations that require protective services. These presentations should only be considered if the protective services system is truly capable of investigating and delivering services to an increased number of families who, the agency can anticipate, will be reported.

5.0 CONTENT OF PUBLIC EDUCATION

- Reporting: legal status, criteria, procedures

The media can be especially helpful in informing everyone in the community about reporting. For example, the media can publicize the law and its provisions, including the upper age limit for reportable cases, mandated reporting sources, immunity from prosecution for reporters, waivers of confidentiality, and penalties for failure to report. Criteria for reporting, including definitional guidelines, and reporting procedures should also be emphasized. The 24-hour telephone reporting number should be printed on the inside front cover of every telephone directory.

- The public agency: its responsibility and role in protective services

Both the professional community and the public should be informed about protective services. The agency's role in protecting children, its

commitment to families, and its intake, case management, and treatment capabilities should be presented. It is especially helpful in face-to-face presentations to trace a hypothetical case from first report to completed services.

. Dynamics and characteristics of abuse and neglect

Information about the scope of the problem, about the social context in which abuse and neglect occur, and about the characteristics and dynamics of abuse and neglect should include the following: abuse and neglect are a major social problem that has been known to occur in every socioeconomic and ethnic group, and parents who abuse or neglect their children are in need of help because they often lack the emotional and supportive resources necessary for good parenting. It is important to provide education regarding the effects of abuse and neglect on children in terms of their physical, cognitive, and social development. This is important information because it develops a perception of the abusive or neglectful family as one which is in need of service, rather than as a social pariah.

Certain professional groups require highly specific training which can best come from their professional peers. For instance, physicians require training regarding diagnostic procedures which can be used to assess the probability of abuse.

. Feasibility of intervention

As already mentioned, the feasibility of intervention is a critical area of education. An understanding that families can be helped, that services are essential and available, and that it is not always necessary to remove children from their homes is essential to developing an appropriate community response.

. Prevention

The professional community and the community in general should be made aware of the types of supports and services that work toward the prevention of abuse and neglect, including education for parenthood in the schools, child rearing advice to parents through well-baby clinics, and relief from mounting tension through 24-hour crisis hotlines. Counseling and supportive services should be available to families at risk who do not require protective services.

Protective services should be viewed as a specialized program. It must maintain its own integrity and not be used to provide services to families and children who do not meet the criteria for protective services.

CHAPTER IX - RECORDKEEPING AND OTHER MANAGEMENT TOOLS: ACCOUNTABILITY, PLANNING, AND EVALUATION

1.0 INTRODUCTION

This chapter deals with the ways in which the local protective services system can meet its responsibility for accountability, through the development of a data base tied to practice, as well as for a variety of management tools. The protective services administrator must implement and maintain adequate recordkeeping procedures if she/he is to be accountable for every case in the system and to fulfill the following responsibilities:

- Meet Federal and State reporting requirements.
- Able to locate every case in the system.
- Monitor case progress and the services received by clients, both from within the agency and from other agencies.
- Undertake program planning and budget development based on the characteristics and patterns of service usage of the total caseload.
- Evaluate the success of the service in protecting children from further abuse or neglect, while preserving family unity.
- Evaluate the success of the service in educating the public and the professional community.

Because of the data requirements of a wide variety of sources, including Federal and State agencies, protective services staff at all levels usually are responsible for a great deal of recordkeeping. In addition to data required by these sources, the local administrator, supervisors, and protective services workers need information to help them assess the effectiveness of their efforts, both on a case-by-case and on a system-wide basis. Every effort should be made to develop a management information system which meets the needs of this wide variety of sources without overloading the system through duplication of forms or through the collection of data that are neither required nor useful.

The primary focus of this chapter is the information requirements of the local system. It is not possible in the context of this general guide to anticipate reporting systems that are already in place in each local agency, or the ways in which these systems may relate to Federal and State requirements. Therefore, what follows is not a "how to" manual for the development of a comprehensive management information

system; rather, it is an overview of the kinds of recordkeeping and documentation at the local level which will meet the needs of administrators, supervisors, and protective services workers to improve practice and maintain an ongoing assessment of the effectiveness of their system. Recordkeeping is time consuming and rarely popular with service staff; but it is absolutely essential for accountability and for planning and evaluation.

Information sent to the State should be summarized and returned to the local agency so that it can be used for program planning and evaluation. If the State central registry is designed to accomplish case monitoring and, therefore, requires submission of a service plan, periodic updating of this service plan, and status at termination, the registry can be a powerful tool for program evaluation. The State can analyze such data as reporting rates, sources of referrals, recidivism rates, and the rate of use of various services in different counties of approximately the same size and demographic composition. Such analyses can alert the State as to which counties may be in greatest need of technical assistance; they can also provide local administrators with valuable information regarding the program elements that need further development and attention.

2.0 CASE RECORD

Careful consideration should be given to procedures for ensuring that case records are secure. Protective services staff should ensure confidentiality by locking their files and desks. Desks should be cleared when the worker is not there so that unauthorized persons do not have access to case information.

Policies and procedures should be established regarding the right of a client to know what is in the official case record. These policies and procedures should be consistent with State law and with regulations covering Titles XX and IV-B of the Social Security Act, the Privacy Act, and the Freedom of Information Act, as well as the standards being developed by the National Center on Child Abuse and Neglect (HEW).

Every case record should include the following:

- A copy of the reporting form.
- Copies of court orders.
- Intake summary, including the findings and supportive documentation.
- The case management/treatment plan.

- Monthly record of case manager/client contacts.
- Monthly record of services.
- Monthly record of case manager/other agency contacts.
- Summary of 2-month review with supervisor.
- Summary at termination.

2.1 Intake summary

Depending upon State requirements, some of the information noted below will be available on the reporting form. In any case, all of the following information should be contained in the case record:

- Date report received.
- Referral source.
- Date of incident.
- Name of family, address, and telephone number.
- Name, sex, birth date, and custody status of each child in the family.
- Names of adult members of household, approximate ages, and their relationship to suspected abused/neglected child.
- Description of injury/neglect.
- Documentation of injury/neglect.
- Explanation of incident.
- Previous record of abuse/neglect involving this child or siblings.
- Special characteristics; e.g., premature birth, mental retardation, emotional disturbance, foster care or adoption, unwanted pregnancy, unliked child.
- Demographic information on parent(s)/parent substitute(s) including marital status, education, ethnicity, income, employment status, occupation.

- Description of family problems that help explain actual or potential abuse/neglect situation; e.g., marital problems, job related or financial difficulties, alcoholism or drugs, health or mental health problems, pregnancy or recent birth of a child, argument/physical fight or physical abuse of spouse, mental retardation of parent, heavy continuous child care responsibility, recent relocation, overcrowded housing, history of abuse as child, methods of discipline, social isolation.

- Person(s) responsible for abuse/neglect, if known.

- Previous evidence of abuse/neglect by perpetrator(s).

- Demographic information on perpetrator if other than household member.

- Legal actions taken to date.

- Involvement of other agencies with family.

- Case status.

- Person completing intake form and date of completion.

2.2 Case management/treatment plan

The case record should include a case management/treatment plan. If a written contract has been developed with the client, a copy should be included in the case record; if not, a summary of any verbal contract should be included. A separate plan may be formulated for parent(s) and for child(ren), or it may be recorded on one form. The information elements that should be included on this form are:

- Problem areas.

- Services planned and the relationship of each service to problem area(s).

- Responsibilities of parent and/or child in the implementation of the plan.

- Responsibilities of protective services worker.

- Responsibilities of service provider(s).

- Timeframe for resolution of each problem area.

The case plan is for use by the worker and the supervisor; it represents a permanent record of their initial understanding of the case and their planning efforts.

2.3 Monthly record of contacts

A record should be kept of all contacts (telephone and personal) between parent, child, and worker. Information should include the following:

- Date and duration of contact.
- Mode of contact.
- Function and identity of participants.
- Purpose of contact.
- Brief statement of what occurred during contact.

This information will remind the worker of what is happening with each particular client, simultaneously indicating to the supervisor the frequency and content of worker-client contacts. During individual supervisory sessions, the supervisor should review case records to ensure that the family is being seen as often as planned, and that there is a clear purpose to the contacts. The summary of what occurred during each contact can be used as a springboard for discussion regarding the worker's interventions and alternative ways of handling problems.

2.4 Monthly record of services to clients

A record should be kept of all services the family received. Information concerning services provided by outside agencies should be submitted to the protective services worker by a staff person of each such agency. This information should be summarized together with the summary of services provided by the department. Information should include the following:

- A listing of services for which referrals were made.
- The outcome of each referral.
- A listing of each service received and the agency providing the service.

- The number of times, hours, and/or units of service the service was received during the month.

This information can be used to obtain a monthly services summary of each worker's caseload for use by supervisors.

2.5 Monthly record of case manager/agency contacts

A record should be kept of contacts between the worker and all agencies involved in a particular case. This should include the following:

- Date of each contact.
- Function and identity of agency representative.
- Purpose of contact.
- Summary of conversation.

The supervisor uses this record during the last individual supervisory session of the month to ensure that contact was made with all agencies providing services. An absence of contacts with other agencies may indicate that case management responsibilities are not being adequately met, and that the family may be getting "lost in the system." The supervisor will want to develop followup procedures with workers to ensure that contacts are made and recorded.

2.6 Two-month case review

As discussed in Chapter IV (p.59), the supervisor should review every case that she/he supervises at least every 2 months. Examination of the case management plan, the client contact record, the agency contact record, and the services provided record should be included in this review. The case review and any decisions reached regarding changes in services or goals should become part of the client record. In order to ensure that the timetable for case review is met, each supervisor should maintain a log in which the date for review of each case handled by her/his unit is recorded. Shortly before the weekly individual supervisory-worker conference, the supervisor should consult the log in order to see if a review concerning one or more client families of that worker is scheduled. If so, the weekly supervisory session can be used for the in-depth discussion of that family or of the several families scheduled for review.

2.7 Summary at termination

Each record should include the following information at the time of termination:

- Number of months in protective services.
- Agencies still involved in the case.
- Assessment of family functioning and of conditions that have changed to make termination possible.
- Reason and date of termination.

3.0 INFORMATION NEEDED BY SUPERVISORS

The information in the case record, if it is appropriately quantified and summarized, can represent the data base for the entire protective services system.

3.1 Summary of services provided

In order to permit the monitoring of service utilization, data on each worker's caseload should be summarized monthly. The number of families using each service during the last month, the number of children, the average number of service hours per family, and the average number of service hours per child should be summarized and readily available to workers, supervisors, and administrators. This information should be available for the following service areas, as well as for any additional services that are frequently used (e.g., parent aide):

- Homemaker service (number of families and average number of hours per family).
- Mental health services (number of families and average number of therapy hours per family).
- Public health and visiting nursing services (number of families and average number of hours per family).
- Day care services (number of families, number of children, and average number of hours per child).
- Foster care services (number of families and number of children in placement).

- Court services (number of families and number of children involved in court proceedings).

If such data are made available to supervisors, differences between workers in terms of use of resources can provide a basis for discussion by team members. For example, worker X uses day care for half of her families, while worker Y has only one family in day care. Are these differences a function of true differences among families? Or is worker Y unaware of how to motivate families to use day care? Does worker Y not feel that day care is a useful resource?

In rural areas where a supervisor may be supervising workers in different counties, the information can be used by the supervisor to ensure that some uniformity of services -- at least within the context of the services that may be available in different counties -- is being preserved.

3.2 Caseload composition

Supervisors should have available the following information:

- The number of cases assigned to each worker at the beginning of the month.
- The number of new cases assigned during the month.
- The number of reopened cases and reasons for reopening.
- Total increase during the month.
- The number of cases closed and reasons for closing.
- Total decrease during the month.
- Net change during the month.
- The number of cases assigned to the worker at the end of the month.

These data should also be used as the basis for planning within the unit and should be discussed at the team meeting. During such discussion, the question of recidivism should also be addressed; a high percentage of reopened cases -- especially if most of these were closed only recently -- indicates that cases are being closed before the families have been stablized.

4.0 INFORMATION NEEDED BY PROTECTIVE SERVICES ADMINISTRATOR

As discussed in Chapter II (p. 41), all unit supervisors should meet weekly, if possible, with the protective services administrator. Once a month, this meeting should include a review of the data for the previous month. Comparisons should be made contrasting current service patterns with those of previous months. Data for each unit should be compared with data from other units. Thus, if one unit is using a particular service more than are other units, the reasons for this disparity should be examined. For example, one team is using a mental health center more than any other unit. Is it because workers in other units are not aware of the availability of the resource? Is a therapeutic approach not appropriate for the clients in other units? Is it because the unit has a bias toward use of therapy? In other cases, it will become clear that no unit is making sufficient use of a particular service. Is this because the resource accepts only a limited number of protective services cases? Does the administrator need to bring this problem to the attention of the interagency council? In general, the information on services will highlight the services that are used and those that are underdeveloped; thus, the administrator will have specific data to bring before the council.

Discussion of caseload composition data will highlight possible changes in caseload size, the proportion of new cases being handled by the service, and the recidivism rate of protective services cases. The latter figure is particularly important; a rate of more than 5 to 10 percent could mean that cases are being closed too soon. Again, differential rates between units and trends over a period of time can be examined and discussed by supervisors and the administrator.

5.0 LOCAL REGISTRY

Regardless of whatever reporting is done to the State central registry, the local agency should maintain in a locked file its own registry of referred cases. This will enable workers doing assessment or intake to quickly determine whether or not protective services have previously been involved with a specific case. The registry should contain the names of all family members, date of each report, and case disposition. If the agency has been involved, additional information will be available in the case record.

6.0 RESOURCE FILE

Each worker should have access to a resource file listing all agencies providing service to the community. This file should include not only the name and address of the agency, but also the types of services

provided, hours of operation, and any eligibility requirements that exist. If a relationship has been established with a particular staff person at the agency, her/his name should also be recorded. As new resources are discovered, the supervisor should take responsibility for making other units aware of the resource through the weekly supervisors meeting, and for ensuring that the name of the new resource and all relevant information are entered in the file.

In large metropolitan centers, each satellite office should maintain its own resource file.

7.0 MONITORING PURCHASE OF SERVICE CONTRACTS

The contact with each agency from which protective services purchases services should be regularly and closely monitored. Without such monitoring, protective services cannot meet its responsibility to provide or to coordinate services to every client in the system. As discussed in Chapter V (p.66), other agencies may be in a better position to offer a particular service or set of services than is the public social service agency; but if these other agencies are to provide services, this must be done according to a set of mutually agreed-upon guidelines and plans, and these other agencies must recognize the need for accountability. In addition to a recordkeeping system which documents the use of each purchased service by protective services clients, monitoring for service quality is also essential. The monitoring procedure should include periodic visits by the administrator of the protective services office to review patterns of service usage, to review and reassess service guidelines and standards, and to address any problems that have occurred so that necessary revisions of standards and procedures can be made.

8.0 ANNUAL PLAN AND STATE AUDIT

The final procedure for evaluating the protective services program should be tied to the preparation of the annual plan and the State's annual program audit. Preparation of the annual plan and of the State audit should be the responsibility of the administrator. However, because these are useful mechanisms for program assessment and program planning staff involvement is essential. During the last quarter of the year, the monthly protective services meetings of the entire staff -- or in very large programs, of the administration/staff liaison committee -- could be devoted to self-assessment in preparation for completing these procedures. The focus and content of the annual plan and the audit were discussed in the section on the role of the State office.

CHECKLIST FOR LOCAL AGENCIES

	YES	NO	PAGE
DEFINITIONS			
1. Does protective services have a task force on definitional guidelines comprised of workers, supervisors, resource specialists, community representatives, and former clients?	☐	☐	19
2. Has the task force produced a written document which defines situations that are to be considered as abusive/neglectful?	☐	☐	19
3. Is a mechanism in place that will facilitate an annual update of the document on guidelines by the task force; e.g., collection of examples during the year of "gray area" cases, a scheduled yearly meeting?	☐	☐	19
4. Has this document been made available to mandated reporting sources; e.g., hospitals, schools, day care centers, public health agency?	☐	☐	19
ORGANIZATION AND STAFF STRUCTURE			
1. Is protective services a distinct service within the agency under the supervision of a single administrator?	☐	☐	28
2. In large agencies, is there a centrally located assessment and intake/investigation unit?	☐	☐	34
3. Does the agency have a mechanism in place so that it can receive reports 24 hours a day, 365 days a year?	☐	☐	34
4. Are there no more than five to six protective services workers in a unit?	☐	☐	35
5. Is there at least one worker who has had special training in handling physical and sexual abuse, and whose caseload includes such cases?	☐	☐	35

	YES	NO	PAGE
6. Within a worker's area of specialization, are cases assigned on a geographical basis?	☐	☐	36
7. Have workers received special training so that cases are assigned in terms of the skills required rather than in terms of numbers of cases?	☐	☐	36
8. Do workers with an abuse caseload have more than 20 cases?	☐	☐	37
9. Do workers with a primarily neglect caseload have more than 30 cases?	☐	☐	37
10. Is caseload size related to caseload composition and to a careful assessment of the various tasks and workload duties assigned to each worker?	☐	☐	37
11. Do all workers have at least a BA degree and at least 2 years' relevant experience?	☐	☐	38
12. Do all supervisors have at least a BA degree, 3 years' experience as protective services workers, and 2 years' additional relevant experience?	☐	☐	40
13. Does each supervisor meet with her/his staff as a team weekly for case discussion?	☐	☐	40
14. Does each supervisor meet with each worker weekly for individual case consultation?	☐	☐	40
15. Does each supervisor meet monthly with her/his unit to review agency policies and procedures?	☐	☐	40
16. Does the administrator of protective services have at least a BA degree, 3 years' experience as a protective services supervisor, and additional relevant experience?	☐	☐	41
17. Are mechanisms in place which promote two-way communication between the administration and protective services supervisors and workers; for example:			

	YES	NO	PAGE
a weekly meeting with all protective services supervisors;	☐	☐	41
regular meetings with the entire protective services staff;	☐	☐	41
regular meetings with a liaison committee of protective services supervisors and workers;	☐	☐	41
task forces with administrator of protective services, supervisor, and worker participation on such issues as definitions, training, services?	☐	☐	42
18. Does an interdisciplinary team of professionals meet weekly with a protective services unit to provide consultation on difficult cases?	☐	☐	43
19. Does the protective services staff have access to legal, medical, and mental health consultation?	☐	☐	43
20. Does staff participate in the selection and evaluation of consultants?	☐	☐	43
21. Have procedures been developed for collaboration with other services provided by the agency, such as:			
income maintenance;	☐	☐	44
other social services;	☐	☐	44
foster care;	☐	☐	44
day care;	☐	☐	44
homemaker services;	☐	☐	44
court preparation services?	☐	☐	45
22. Have written guidelines and criteria been established for the use of these different services in protective services cases?	☐	☐	45

	YES	NO	PAGE
ASSESSMENT, INVESTIGATION, AND VALIDATION			
1. Are all reports investigated within 24 hours of their receipt?	☐	☐	48
2. Do workers doing assessment and intake have a set of guidelines that spell out the information they are responsible for obtaining from persons reporting abuse or neglect?	☐	☐	48
3. Do workers have a set of guidelines that spell out the information they are responsible for obtaining from families and from collateral contacts and the procedures to be used in conducting the investigation and validating the report?	☐	☐	50
4. Are there procedures that ensure feedback to persons reporting abuse or neglect?	☐	☐	55
5. Are all cases validated within, if not before, 60 days?	☐	☐	56
6. Do procedures exist for an orderly transfer of cases from the worker doing intake to the worker doing case management?	☐	☐	56
CASE MANAGEMENT			
1. Is a service plan developed with the family in every case?	☐	☐	57
2. Does the supervisor review the service plan at its inception?	☐	☐	58
3. Are procedures in place which ensure that the supervisor is consulted at each of the following points:			
implementation of the service plan;	☐	☐	58
changes or modifications in the plan;	☐	☐	58
termination of a service in the plan;	☐	☐	58
any major crisis in the life of the family;	☐	☐	58

		YES	NO	PAGE
	use of the court;	☐	☐	58
	court review of the status of the case and court reports at the time of review;	☐	☐	58
	removal of a child from the home;	☐	☐	58
	decisions affecting a child in foster care;	☐	☐	58
	return of a child to own home?	☐	☐	58
4.	Are case plans reviewed by supervisors at least every 2 months?	☐	☐	59
5.	Do workers providing casework services see families on an average of once a week?	☐	☐	59
6.	Do workers functioning primarily as service coordinators see families at least once a month?	☐	☐	59
7.	Are workers in touch at least monthly with all service providers on a case-by-case basis?	☐	☐	60
8.	Do workers submit monthly to supervisors a summary of all agency contacts on behalf of clients?	☐	☐	60
9.	Do workers submit monthly to supervisors a summary of all client contacts?	☐	☐	60
10.	Do workers submit monthly to supervisors a summary of all services rendered to their clients?	☐	☐	60
11.	Is a monthly update of all services received by clients submitted by supervisors to the administrator?	☐	☐	60
12.	In cases involving the court, are procedures in place which ensure that parents understand their legal rights and are assisted in obtaining representation from legal counsel?	☐	☐	61

	YES	NO	PAGE
13. In cases in which the court grants supervision to the agency, is there a document that clearly spells out the responsibilities of all concerned parties, the time limits for meeting stated objectives, and the criteria for determining whether or not objectives have been met?	☐	☐	62
14. When placement becomes necessary, are parents and, where appropriate, children included in preplacement planning and visiting?	☐	☐	63
15. Are the foster parents included on the treatment team?	☐	☐	63
16. Are children in foster care seen as often as indicated, including weekly if appropriate?	☐	☐	63
17. Does the worker participate, as appropriate, in parent-child visits while child is in foster care?	☐	☐	64
18. After the return of a child to the home, is there a 3-month intensive followup (weekly the first month, biweekly the next 2 months) which includes use of the kinds of support services designed to prevent replacement?	☐	☐	64
19. In cases of staff turnover, does the departing worker introduce the new worker to the family and other agencies providing services?	☐	☐	65

SERVICES

1. Have at least some staff in each community agency that provides protective services received specialized training in working with abusive and neglectful families?	☐	☐	66
2. Has every effort been made to encourage other agencies to develop a child abuse and neglect unit?	☐	☐	66
3. Have agreements been developed with each provider agency regarding regular monthly feedback on services to clients receiving protective services?	☐	☐	67

	YES	NO	PAGE
4. Are each of the following available in sufficient quality and quantity:			
homemaker services;	☐	☐	67
day care services;	☐	☐	68
parent education;	☐	☐	69
family planning services;	☐	☐	69
recreational activities;	☐	☐	69
housing and relocation assistance;	☐	☐	70
transportation services;	☐	☐	70
legal services;	☐	☐	70
employment training and placement;	☐	☐	70
financial counseling and assistance;	☐	☐	70
speech/hearing testing and therapy;	☐	☐	71
casework services;	☐	☐	72
group thereapy for adults;	☐	☐	73
couple therapy;	☐	☐	74
family therapy;	☐	☐	75
group therapy for adolescents;	☐	☐	75
child counseling/therapy;	☐	☐	75
health examinations;	☐	☐	76
visiting/public health nursing service;	☐	☐	76
foster care services;	☐	☐	77
foster parent counseling;	☐	☐	77
adoption services;	☐	☐	78
emergency caretakers;	☐	☐	78

	YES	NO	PAGE
emergency shelter/foster homes;	☐	☐	78
emergency family shelter;	☐	☐	78
24-hour crisis hotline;	☐	☐	79
client emergency fund?	☐	☐	79

RESOURCE DEVELOPMENT AND INTERAGENCY COORDINATION

1. Has protective services developed collaborative relationships and procedures with other agencies in the community?	☐	☐	80
2. Is there an interagency council with representatives at the administrative level from all participating agencies?	☐	☐	81
3. Does the council meet monthly?	☐	☐	83
4. Does the interagency council include representatives from the lay community; e.g., former protective services clients, members of ethnic minorities, civic leaders?	☐	☐	83
5. Is there an interdisciplinary team that reviews cases?	☐	☐	84
6. Does this interdisciplinary team meet with a different protective services unit each week?	☐	☐	84
7. Are mechanisms in place for communication between the interdisciplinary team members and interagency council representatives?	☐	☐	84

STAFF DEVELOPMENT

1. Is there a written plan for staff development?	☐	☐	86
2. Does staff have opportunities to attend national and State conferences?	☐	☐	87
3. Does the agency have a resource library on abuse and neglect?	☐	☐	87

		YES	NO	PAGE
4.	Is there an orientation and training period for new staff?	☐	☐	87
5.	Is there a gradual buildup of a new worker's caseload?	☐	☐	87
6.	Is there a quarterly workshop series for workers and supervisors?	☐	☐	88
7.	Are staff given the opportunity to take courses at local graduate schools, colleges and universities, and mental health centers?	☐	☐	88
8.	Do unit meetings represent an opportunity for developing case management and treatment skills?	☐	☐	88
9.	Is a cotherapy approach used as a staff development strategy?	☐	☐	89
10.	Are any workshops specifically geared to the needs of supervisors?	☐	☐	89
11.	Do administrators of protective services have the opportunity to attend workshops on administration?	☐	☐	93

PUBLIC EDUCATION AND INFORMATION

1.	Does the interagency council maintain a speaker's bureau?	☐	☐	95
2.	Has protective services designated staff who can participate in the bureau and who can respond to requests for speakers?	☐	☐	95
3.	Has an informational brochure regarding the protective services program been widely distributed to the professional and lay community?	☐	☐	96
4.	Does the agency hold a well-publicized meeting on its annual plan and distribute the plan to the community?	☐	☐	97

	YES	NO	PAGE
5. Does a body of information exist regarding abusive and neglectful families and the protective services program which the staff can use in presentations to professional groups and to a lay audience?	☐	☐	97

RECORDKEEPING, MONITORING, AND EVALUATION

1. Are client records kept in locked files?	☐	☐	100
2. Are there policies and procedures related to the client's access to information?	☐	☐	100
3. Does every case record contain the following:			
a copy of the reporting form;	☐	☐	100
copies of court orders;	☐	☐	100
intake summary, including findings and supportive documentation;	☐	☐	100
a case management/treatment plan;	☐	☐	100
a month-by-month record of contacts;	☐	☐	101
a month-by-month record of services to clients;	☐	☐	101
a month-by-month record of case manager/other agency contacts;	☐	☐	101
a 2-month review;	☐	☐	101
a summary at termination?	☐	☐	101
4. Is the information from case records quantified and used for program planning and review?	☐	☐	106
5. Is there a local registry of protective services cases?	☐	☐	107
6. Is there a resource file that is periodically updated and available to staff?	☐	☐	107

	YES	NO	PAGE
7.. Does the administrator of protective services meet regularly with all agencies with which protective services has a purchase of services contract?	☐	☐	108
8. Does the staff participate in the process of program review and evaluation which should precede the development of the annual plan?	☐	☐	108

APPENDICES

GLOSSARY OF TERMS

LIST OF HEW REGIONAL OFFICES

GLOSSARY OF TERMS

CASE MANAGER

The case manager, as used throughout this guide, is the protective services worker. This designation was chosen in preference to caseworker because the protective services worker may or may not provide casework services. Case manager refers to the individual who takes responsibility for ensuring the coordination and monitoring of all services received by the client family. In addition, this same worker may provide basic casework counseling and may have the training to do marital counseling, group therapy, parent education, and a number of other activities -- or all of these may be available from other agencies by contract or by referral. Regardless of what other services she/he may perform, the protective services worker must be responsible for case coordination and service monitoring. Hence, the term "case manager."

CASE MANAGEMENT/TREATMENT WORKER

In agencies or situations where protective services workers provide casework counseling to clients in addition to their case management responsibilities, the term "case management/treatment worker" is used to denote the fact that the worker is providing a treatment service.

ASSESSMENT

Assessment includes the activities from initial receipt of a report to the first face-to-face contact with the client. Thus, assessment usually includes a screening function, some contact with collateral sources, and a review of any existing agency records.

INTAKE

Intake includes the entire investigation process, including face-to-face contacts with the family and with collateral sources. Intake culminates in the decision that the case is valid and requires protective services or that the report is unfounded.

PROTECTIVE SERVICES ADMINISTRATOR

Protective services administrator refers to that individual who has administrative responsibility for the protective services program. She/he may have other responsibilities for the child welfare or family services program. In very small agencies, the protective services administrator

may be responsible for the entire department of welfare. Regardless of these other responsibilities, if she/he is responsible for the administration of the protective services program, this is the term by which she/he is designated in this guide.

PROTECTIVE SERVICES WORKER

The generic term "protective services worker" refers to that individual who provides any of the functions of assessment, intake, investigation, and case management/treatment.

HEW REGIONAL OFFICES

Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Associate Regional Commissioner, CS
John F. Kennedy Federal Building, Room 1300
Government Center, DHEW/SRS
Boston, Massachusetts 02203 617-223-6867

Region II: New York, New Jersey, Puerto Rico, Virgin Islands

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Federal Building, DHEW/SRS
26 Federal Plaza, Room 3840
New York, New York 10007 212-264-4626

Region III: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia

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Gateway Building, DHEW/SRS, 36th & Market Streets
Post Office Box 7760
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Region IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

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